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ABSTRACT

In an effort to prevent substance use and abuse by children and adolescents, the California Drug, Alcohol, and Tobacco Education (DATE) Program was initiated in 1991. This report evaluates the program from perspectives of school district personnel, and students, generating an explanation of the "whats" and "hows" of drug prevention programs. Among school district personnel, nearly 250 students in grades 5-12, considered "at-risk for substance abuse" and "thriving" in their school, were interviewed in 40 focus groups. This data was combined with survey data from more than 5,000 randomly selected students in grades 7-12. The data strongly suggest that many student substance used decisions are either neutrally and/or negatively influenced by their school-based drug education. Researchers identified mismatch between how educational implementation/delivery compared with students' perception of issues. As grade level increased student dissatisfaction increased. Most school district personnel and students believed that DATE services: (1) result in developmentally inappropriate programs: (2) undermine school personnel's credibility by giving students only one perspective, which students perceive as biased, and (3) help create policies that exclude those who are most in need of help. Appendices include 1992 and 1993 interview questions and "An Alternative View to the Risk Orientation." (JBJ)

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In Their Own Voices:
Students and Educators Evaluate California School-Based Drug, Alcohol, and Tobacco, Education (DATE) Programs

Prepared for the California State Department of Education, March 1995, by:
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The California School Districts that allowed us to interview hundreds of their school district personnel and students.

Prologue

In the last 20 years, few studies conducted inside schools have explored how drug education programs are developed and delivered. Many did not take into account how the recipients of such services--students--were affected by such programs. This was realized in the following report, an evaluation of one of largest drug education efforts in the United States, the California Drug, Alcohol, and Tobacco Education (DATE) Program.

With extensive appreciation for the previous research literature, we began our research with several assumptions:

1. It is not just what is taught to students in drug education programs, (i.e. content) that affects students' decisions about substance use.

2. Social and political processes inside school districts have a significant impact on the types and levels of drug education programs that are implemented.

3. Social and political processes inside school districts regarding drug education have a significant impact on students.

These assumptions provided the rationale for our research across the state of California. This study exemplifies a balance between representation and depth. Researchers performed in-depth interviews at over 50 school districts with school district personnel in all positions involved with developing and delivering drug educational services. Based on early results, we developed survey items that were administered to more than 5000 students in grades 7 through 12. At the same time, 40 groups of students perceived to be at risk for substance abuse and thriving in their schools were interviewed. This report consists of material from school district personnel/student interviews and student survey data. It contains perceptions about the context of drug education programs, the content and processes of drug education, and how students respond to them.

The findings in this study have not been static; in keeping with qualitative research methods, as new evidence has arisen, the design, analyses and results have evolved. In fact, the results in this study are still evolving; new findings may emerge for years to come.

Through an extensive search of the literature, we believe this study is distinctive. The student's voices ask us to reexamine fundamental assumptions about how they are seen, and how, through drug education, their social welfare and public health needs are met (or not met). By comparing their everyday lives with the drug education they receive in schools, students raise serious questions about the relationships between politics, policy, social welfare, and public health. This research shows that other solutions previously proposed (e.g., more drug education booster sessions) will probably not resolve the educational and personal dilemmas students describe. Most importantly, possibly for the first time, the students themselves provide us with a key for success; what they would like to see in their own drug education. Through students' eyes, this research contributes information permitting California to take the lead in providing for their social welfare and public health needs. Their voices and these issues are presented in the following report.

We wish to thank the State of California for providing the support for this important research.

Table of Contents

Executive Summary 4

Introduction/Overview 9

Methods overview 10

Implementation of DATE Services 17
- What is the philosophical context of the DATE Program? 17
- What Services are being delivered under the DATE Program? 19
- Are at-risk students receiving specialized DATE services? 23
- What instructional strategies are used to deter students from using substances? 24

Effectiveness of DATE Services 29
- How do students respond to DATE services and policies? 29
- To what extent are students influenced by DATE services? 32
- What works according to the students? 35

Discussion, Implications, and Recommendations 45

References 54

Appendices 57

Executive Summary

The widespread perception of the problem of adolescent substance abuse has significantly influenced social policy decisions. In an effort to prevent substance use and abuse by children and adolescents, the California Drug, Alcohol, and Tobacco Education (DATE) Program was initiated in 1991, with federal, state, and local dollars. During that year, a large-scale outcome evaluation was undertaken. Although there have been many evaluations of school-based drug prevention programs like DATE, few explained the processes through which drug prevention programs were designed or implemented. This report represents a unique attempt at evaluating such programs from the perspective of school district personnel and students. Perhaps for the first time, researchers were able to generate an explanation of the "whats" and "hows" of drug prevention programs in 50 school districts with 388 school-district personnel composed of superintendents, assistant superintendents, financial coordinators, DATE coordinators, curriculum directors, principals, vice principals, teachers, counselors, specialists, and community members. Also, for first time, researchers interviewed nearly 250 students in 40 focus groups considered to be "at-risk for substance abuse" and "thriving" in their school. Students in grades 5 through 12 described how they were affected by drug issues and their DATE education. This student data is combined with survey data from more than 5,000 randomly selected students in grades 7 through 12. An evaluation focus from these perspectives is far different than typically discussed by many drug prevention experts. Although funding for the DATE Program has been phased out, the material yielded in this evaluation provides extensive information about the development of drug education programs, and the processes through which school district personnel develop and implement programs. We hope this vast database will be used to examine these issues for years to come.

With the student's voice as the centerpiece of this presentation, the data strongly suggests that many student substance use decisions are either neutrally and/or negatively influenced by their school-based drug education. Students' discussion of information and the processes through which such information is delivered helps us understand adolescent substance use decisions. Researchers identified a mismatch between how educational services were developed/implemented compared with how students perceive such issues, and want these services to be delivered.

When considering DATE service implementation, more than 90 percent of student focus groups described participating in the following DATE services and/or activities: Drug Abuse Resistance Education [DARE] (52.5 percent), Health/Science courses (42.5 percent), Anti-drug assemblies (30 percent), Red Ribbon weeks (27.5 percent) and counseling (22.5 percent). Most of the DARE and anti-drug assemblies occurred at the elementary school level. Most of the Red Ribbon weeks, health and science courses, and counseling (either peer or professional) were described in middle and high schools.

A majority of service deliverers described their attempt to influence students not to use substances through graphic portrayals or presentations of the harmful consequences of substance use.

For example:

> *They've done an activity, I'm not sure what this is really called, but, where they paint the faces white of the student and that student is dead and they do so many students every few seconds depicting that is how many people die in traffic accidents on a major holiday weekend. Then the student returns to class and is not allowed to speak the rest of the day. (Laughter) It makes an impact—*
>
> *School District Personnel*

What impact do such programs have on student substance use decisions? In a randomly-selected student survey of 5,045 students in grades 7 through 12, it was found that at least 40 percent of California's students are "not at all" influenced by DATE services, or service deliverers. A majority of those surveyed have a neutral (39.4 percent) to negative (30 percent) affect toward such service deliverers, feeling that their substance use decisions were either "a lot" or "completely" due to themselves (58.5 percent). While some students may appear to be influenced by DATE services, the most germane patterns of these results suggest that many are not. Qualitatively, survey results supported quantitative results. As grade level increased, so too did student dissatisfaction regarding drug education. Students described the difference between their school-based drug education and personal knowledge. For many, such differences became a source of dissonance, as the following excerpt from this elementary school interview shows:

> *R: [second] He doesn't want to tell you everything about it.*
> *R: [lead] Everything like details.*
> *I: Why not?*
> *R: [lead] I guess that's just the way he is. I don't know.*
> *I: How do you guys feel about that?*
> *R: [lead] Depressed. Because if he's about talking to us about drugs and alcohol and all these kind of things he should come out with those, you know, he should talk to us right—you know, with the whole thing, not just say a little bit and then just leave the rest behind—*
>
> *Elementary School Students*

Dissonance at the elementary level leads to an apparent disregard of school-based drug education in older students. Beginning with 10 percent of elementary school focus groups, elevating to 33 percent of middle school groups, and concluding with more than 90 percent of high school interviews, many students described wanting comprehensive drug information delivered through a different process:

> *R: I think the problem with education is—this kind of education is that you're constantly being shoved down your throat it's so wrong, if you do it you're a terrible, evil person, instead of just educating saying I know some of you people do it, why do you do it, let's try to help you so you don't do it any more. If it is shoved into you that you're a terrible person when you do this, you know, you kind of want to back away from the education process because they've already made a judgement upon you, you're a terrible person if you smoke marijuana, if you do alcohol, if you smoke cigarettes, you're a terrible person, instead of approaching it as, OK, you guys do it, let's help you now.*
> *I: So then the goal should be to get people into not doing it.*
> *R: No I'm not saying that, I'm saying the goal should be to evaluate yourself and figure out why you do it, evaluate your own personal habits and your personal values and morals.*
> *R: I don't think it is realistic to assume that anyone is not going to try some things in their life, I mean, it's ridiculous that presidents—I think that is a part of growing up—*
>
> *High School Students*

Overall, 54 percent of student focus groups wanted more panels and talks by outside drug educators who could provide confidential educational services.

One goal of the DATE program was to identify and provide services for those students considered to be at greatest risk for substance use and/or abuse. Indeed, most school district personnel viewed most students as being at-risk for this condition:

> *R: We are addressing the risk factors that show up, with the idea that it's real hard for me to point out which of our kids are not at risk---*

School District Personnel

The "risk-orientation," was the dominant construct described by school district personnel as a rationale for developing and implementing DATE services. Consequently, in the DATE Program, at-risk youth have been specially targeted for primary services. When comparing the services that "thriving" students received with those received by "at-risk" students, researchers found that while "at-risk" students were identified, they reported receiving virtually the same services as their "thriving" counterparts. As applied, the risk factor model is of questionable value.

Another goal of the DATE program was insuring that clear drug policies were present in all school districts. Descriptions of drug policies were given in 97.5 percent of student focus groups. Almost all student discussion of policies specified negative sanctions for use. When asked or volunteering what happens to a student who is caught using a substance and/or alcohol, more than 90 percent reported one or more of the following three elements: detention, suspension, expulsion. Students wondered why DATE services did not help those who have a problem with substance use:

> *R...They are not in this for helping you, they are in [it] for getting rid of the bad kids and just having all good kids in school. [spoken very emphatically]...*
> *R: Well, maybe if you could get them to care more then they would do that [a different respondent than the others above].*
> *R: If they suspect you of smoking or having drugs on you or whatever, if they see a kid like that in their school then, instead of suspending them and getting them out of school, why don't they help then?---*

High School Students

Paradoxically, although significant DATE funding was gained through the identification of at-risk students, most students and some district personnel described at-risk students as often being excluded from the school system when needing help:

> *R: We still get rid of too many kids...those are the kids that the state of California and the United States of America have identified as their target population...the kids that are at risk the most, are the kids that are exited from the system, and they do not have access to the resources...The kids that we need to keep in and provide resources to are the kids that we exit from the system---*

School District Personnel

The application of the risk factor model was seen as failing for two reasons. First, in California schools, the risk factor model is misused as an individual diagnostic tool. Prevention science risk factors may be related to populations of students (Coie et al., 1993; Hawkins et al., 1992), but there is little evidence that they predict substance "abuse" in individual students (Brown and Horowitz, 1993; Fine, 1993). Moreover, protective factor research shows that most "at risk" adolescents do

not go on to become substance "abusers" (Werner, 1986). Second, the model is inherently difficult to implement. This evidence suggests that while the practice of identifying such students occurred, it seemed to be beyond the resources of many schools to provide individualized services. If assistance for those designated as "at" or "high" risk is not forthcoming, then the process of identification in and of itself, has a negative repercussion (Rossi, 1994) best summarized by Baizerman and Compton (1992), who said:

> The major use of this ideology is to construct a socioeducational population of at-risk students and suggest that they are both the problem and its cause. The school is absolved and can be expected only to "do its best with limited resources (p.9)."

Both students and school district personnel have identified the primary effects of the DATE program. While some of the students felt that DATE services have helped them, most believed that DATE services:

1. Result in developmentally inappropriate programs, which in turn, result in increasing sources of unnecessary dissonance for many students.
2. Undermine the school personnel's credibility by giving students only one perspective, which students perceive as biased.
3. Help create policies that exclude those whom students themselves recognize as most in need of help; they drive those, who already might be on the margins of the school system further out.

In making the following recommendations, this research stands together with a growing body of other research. The evidence from this study suggests that school-based drug education should:

1. Provide a developmentally appropriate set of prevention programs at all grade levels.
2. Discontinue primarily harmful consequences educational services.
3. Shift to a harm reduction approach similar to that used when delivering AIDS education without condoning substance use
4. Recruit outside drug educators to provide confidential educational services.
5. Either fully assist "at" and "high" risk youth, or discontinue use of the model.
6. Not purge students in need of help from the educational system.
7. Bolster counseling services.

Given current results, research literature, and historical context, the changes requested by students must be construed as the only remaining, legitimate way to improve school-based drug education. In the course of understanding the educational development and implementation practices of school district personnel, students exposed three myths that need to be dispelled:

1. Adolescents are naive: On the contrary, they are sophisticated individuals capable of making sophisticated decisions (Jessor and Jessor, 1977; Newcomb and Bentler, 1988; McIntyre et al., 1989; Moore and Saunders, 1991; Quandrel et al.,1993).

2. Any adolescent substance use is deviant: Putting legalities and politics aside, because they may experiment with substances, adolescents are not inherently deviant (Jessor and Jessor, 1977; Newcomb and Bentler, 1988; Shedler and Block, 1990).

3. **Most adolescents go on to become substance "abusers:" In fact, up to 70 percent of students in the highest risk conditions do not go on to become substance abusers** (Werner, 1986; Brown and Horowitz, 1993). Additionally, like many adults, there are many "thriving" adolescents who drink and may use substances, and are contributing members to their school communities.

We are not condoning adolescent substance use; nevertheless, adolescent substance using behaviors exist. In conclusion, the alternative--judging student behaviors based on these myths--has been tried, and schools have paid a high price. This research necessitates a well-founded shift in both the fundamental assumptions and the processes found in California's school-based drug education.

I. Introduction/Overview

In 1990, California SB899 (chapter 467) called for an overall evaluation of the California Drug, Alcohol, and Tobacco Education (DATE) Program. From 1991 to 1994, this evaluation was conducted along three quantitative dimensions: cost, program implementation, and self-reported student substance use knowledge, attitudes, beliefs, and behaviors (Romero, et al., 1993; 1994). Evaluators made site visits and collected data from 120 randomly selected districts, 10 percent of all California school districts. Data were collected describing the selected districts' expenditures for each DATE service. Additionally, researchers conducted approximately 12,000 surveys of students in grades 4 through 12. Evaluation participation was mandated by the California State Department of Education. The main goal was to ascertain whether the DATE Program had resulted in a reduction in student substance use (alcohol, tobacco, and illicit substances). While these data are yielding important information, it does not explain how expenditure decisions were made, or how social processes of program development and implementation occurred. Even though many students were surveyed, the original design did not provide an understanding of student decision-making related to survey results. To achieve this, a large-scale, qualitative evaluation component was undertaken in 1992 and 1993.

This evaluation is one of the largest qualitative studies of how people develop and deliver drug prevention and intervention services ever performed in the State of California. The results presented here arise from 2 years of qualitative data collection and analysis and targeted student survey questions. The findings described in this report arise from analysis of almost 200 interviews in more than 50 school districts. Participants included those developing, delivering (school district personnel), and receiving (students) DATE services as well as, 5,045 randomly selected student surveys administered in grades 7 through 12. Researchers present detailed information of what does and does not work according to DATE implementors and students. These findings include evidence of effectiveness of services related to in-school high-risk youth. Researchers attempted to answer the following questions:

- What is the philosophical context of the DATE Program?
- What educational and policy services are being delivered under the DATE Program?
- Are "at-risk" students receiving specialized services?
- What instructional strategies are used to prevent students from using substances?
- How do students respond to DATE services?
- To what extent are students influenced by DATE services and policies?
- What works according to students?

Research methods for each study year are described. This is followed by results, leading into our discussion and implications.

II. Methods overview

The findings presented here arise from a naturalistic (field) evaluation inquiry conducted in 1992 and 1993 (Filstead, 1970; Parlett and Hamilton, 1972; Stake, 1975; Guba, 1978; Quinn-Patton, 1987; Guba and Lincoln, 1981). In 1992, the research goal was to establish school district personnel's perceptions of DATE Program development and implementation. In 1993, the research goal was to examine student perceptions of service implementation and effectiveness. Additionally, the extent to which these programs had similar and/or different effects on perceived "at-risk" versus "thriving" students was examined. It should be noted that since the goals were different for each study year, when school district personnel results are reported, they will not include frequency of occurrence. When student findings are reported, they will include frequency of occurrence.

In this study three evaluation terms were defined:

1. DATE Programs: "...funding and regulatory umbrellas for diverse local projects that provide service..."(Shadish, et al., 1991 p. 39).

2. Program services: Drug educational activities constructed and provided on a continuing basis (Sanders et.al, 1994, p.3).

3. Development and implementation: Verbal descriptions of how DATE personnel participated in decision-making, which DATE services were developed and by whom, and how the services functioned.

Based on these goals and evaluation terms, researchers collected and analyzed data using the following research methods.

1992 District Sample

In 1992, of 120 districts where quantitative data was collected, 42 were randomly selected and visited by a qualitative team. The eight largest districts in California were also selected and visited. Reflecting the state population, 31 were districts were from Southern and Central California, 13 were from the Bay Area, and 6 were from extreme Northern California. Including the 8 largest districts that were automatically selected, the sampling plan ensured that every California school district had an equal chance of selection. As a consequence, all geographic regions were proportionally represented in this sample. This plan maximized the generalizabilty of the results to the State of California.

1992 Respondent Sample

During 1992, a total of 388 respondents were interviewed. Of these 184 came from the district level, and 204 came from the school level. At each district and at each of two randomly selected schools within the selected districts, between seven and nine key informants, (that is, those involved with developing and implementing the DATE Program) were purposely selected for an interview

(Zelditch, 1962; Schutz, Walsh, and Lehnert, 1967; Glick, 1970; Spradley, 1979; Gordon, 1981)[1]. Interviewees ranged across organizational levels from teachers to the superintendent. They included: (a) the district DATE coordinator, (b) one DATE coordinator supervisor, (c) one DATE coordinator staff member, (d) the district financial coordinator, (e) the superintendent or assistant superintendent, (f) the site coordinator and a teacher at each of two schools visited, and (g) a community member involved with the DATE project. Additionally, in this first round of qualitative data collection, four sets of exploratory interviews were conducted. One was with a pupil personnel services director, and three took place with students. Two of three student interviews were with groups of high school students (5-8 students), and one interview was with a high school student participating as a DATE representative on a school board.

In 1992, researchers selected a subsample from the larger data set for analysis. This subsample consisted of 149 interviews from the original interviews, and included the following:

- 72 school-district personnel
- 71 school-site personnel
- participants of 2 high school student focus groups
- 1 individual high school student
- 3 California State Department of Education officials

This data subset was procured through a combined deliberate and randomly-selected data sampling procedure. The purposeful sample consisted of the two most informative interviews from each of 25 randomly-selected districts, as determined by the interviewers. "Most informative" was defined as those interviews providing a high yield of information regarding the incidence and distribution of the phenomena of DATE Program implementation and effectiveness (Marshall and Rossman, 1989). Two interviews from the remaining 25 districts were randomly drawn, transcribed, and analyzed. Finally, from the examination of the previous interview data, three complete "most informative" sets of school district data were purposely selected and transcribed for analysis.

1993 District Sample

In 1993, 12 districts from the original 50 were purposely selected to be resampled, based on 1992 findings regarding the potential effects of a school district organizational structure on the DATE Program (not part of this presentation). One district refused to participate despite the state's mandate, producing 11 sampled districts. A balance was sought among districts with respect to socioeconomic status (SES), demographics, and average daily student attendance. Of these, seven were from Southern and Central California, two were from the Bay Area, and two were from extreme Northern California. As in 1992, qualitative schools within each district were selected based on the larger random selection of quantitative districts. Thus, schools randomly selected

---

[1] Based on Gilchrists' 1992 definition of key informants, all respondents in this study are considered key informants. "Key informant" as Gilchrist defines the term is different from the traditional ethnographic definition, which requires a long term relationship of researchers with respondents over time. Here, key informants are defined primarily through their unique position in the culture under study, not a function of a long-term relationship. In this paper, we will refer to key informants as respondents, and when appropriate, will specify either school district personnel or students.

from 1992 were not necessarily selected in 1993. In addition, one of the State's eight largest districts was purposely selected. In this district only, three schools (instead of two) were randomly selected. From the 11 districts, 23 schools were sampled. Unlike the 1992 primarily random sampling plan, the 1993 sampling plan was purposeful. In a smaller, more refined way than the previous year, this sampling plan secured districts containing important aspects of DATE Program implementation and effectiveness. This plan ensured that researchers were able to examine assertions generated from the larger 1992 data set.

1993 Respondent Sample

At each school, two focus groups of students were selected by the principal: one group composed of six students perceived as "thriving," and one group composed of six students perceived to be "at-risk for becoming substance abusers." Researchers requested that each group be composed of all grades (at and above grade 4) in each school and half males/half females. In terms of selection criteria, the principal's perceptions of "at-risk" students were consistent with both 1992 and 1993 results. For example, consistent inclusion criteria for the perceived "at-risk" students were the risk factors of low academic achievement and low commitment to school. Criterion for inclusion in the perceived "thriving" group was characterized by leadership in school activities.

Because of strict anonymity limitations placed on data collection procedures with students, the California State Department of Education did not allow researchers to record gender and ethnicity characteristics of students in focus groups. Nevertheless, in 1993, several district, school, and respondent sampling measures were taken to achieve a gender and minority balance of student focus groups, proportional to that of the State of California. First, at the district level, when selecting school districts, researchers sought a balance of gender, ethnicity, and average daily attendance. School districts containing the organizational characteristics desired for study were identified by the research team. Once identified, researchers used the California Basic Educational Data System (CBEDS) to select districts that approximated the average daily attendance, gender, and ethnicity balance of the State. This process ensured a gender and ethnicity balance representative of California school districts. Second, after the districts were selected, two schools in each district were randomly selected, based on a proportional stratified sample of student enrollment in California schools. This ensured a gender and ethnicity balance representative of California schools. Third, at the student level, the sample was purposely selected to seek out those children and adolescents who were perceived as "at risk for substance abuse;" to be compared with those who were perceived not to be "at-risk for substance abuse," "thriving" children and adolescents. It was believed that principals, key informants who were in constant contact with students, and the circumstances/characteristics placing them at risk for substance abuse (e.g., familial dysfunction) were most able to purposely select a gender and ethnic balance of those students. Researchers explicitly asked them to provide such a gender and ethnicity balance. Additionally, on-the-spot interviewers informally noted the gender and minority representation. Through review of comment sheets and discussion with interviewers researchers found a gender and minority representation approximating that of California. Through these processes, no one has been excluded from this study because of gender or ethnicity.

The 1993 sampling process yielded 40 student interviews (20 elementary school interviews, 9 middle school interviews, and 11 high school interviews), representing approximately 250 students. The unit of analysis was the focus group, and all qualitative evidence was considered valuable. Consequently, data from these interviews were included and analyzed when there were more or

fewer students than the proscribed six. This process generated 18 complete pairs (perceived "thriving" versus perceived "at-risk") of in-depth student interviews, 3 "mixed" (perceived "at-risk" and "thriving") group interviews, 1 unpaired "thriving" interview, and one blank interview (due to a tape recorder malfunction). The "mixed" interviews arose from the largest school district. These three "mixed" interviews offered a means of comparing this data with the risk versus thriving groups.

In summary, 1992 data collections produced 388 key informant interviews, 149 of which were transcribed and analyzed. Relative to the DATE policy language, from the school district personnel perspective, first-year collection and analysis helped researchers to establish two important aspects of DATE: first, the programs they develop and deliver for California's students, and second, how they perceive, identify, and assist students who are at risk for substance use and abuse, a significant goal of the DATE Program. In 1993, 40 student interviews, involving more than 200 students, were collected, transcribed, and analyzed. During that year, researchers evaluated DATE Programs from the student point of view.

1992 Interview questions

Interview questions focused on processes of developing and implementing the DATE Program. The questions asked of school district personnel defining DATE Programs, services, development, and implementation appear in Appendix 1. Questions were broad enough to allow for new and important information to emerge, yet specific enough to reflect directly on the DATE Program. Follow-up questions were used when the interviewer felt it might enhance understanding of the development and implementation processes.

1993 Interview questions

Following the same procedures as in 1992, two student interview schedules were devised, one for grades 5-6 and one for grades 7-12. The texts of each are found in Appendix 2. Researchers defined implementation and evaluation terms as follows:

Implementation

1. Overall extent to which students in both ("at-risk" and "thriving") focus groups describe awareness of drug policies (as defined by descriptions of governing principles about school drug enforcement and/or assistance).

2. Overall extent to which students described particular DATE services as delivered by specialists. Specialists are individuals who have special knowledge, status, or communication skills directed toward substance abuse prevention (Gilchrist, 1992).

3. Overall extent to which students described particular DATE services. DATE services are defined as descriptions of alcohol, tobacco, or other drug education activities constructed and provided on a continuing basis (Sanders et al., 1994, p.3).

Effectiveness

1. Comparative extent ("at-risk" versus "thriving" groups) to which students described DATE services as previously defined. Effectiveness was defined as the extent to which "at-risk" students would report different and more individualized DATE services than their "thriving" counterparts.

2. Overall and comparative extent to which students distinguish between substance use and abuse. If program deliverers provide a "no use" message, and students make strong distinctions between substance use and abuse, then effectiveness of services depends on how students discuss the relationship between what they services they receive, and where their personal understanding arose from.

3. Overall and comparative extent to which students feel that policies are beneficial to them. "Beneficial" is defined as helping themselves or their friends if and when they perceive they have a substance use problem.

These terms defined how researchers would evaluate the DATE Program in 1993.

1992 Data collection

Eleven people conducted interviews. Each interviewer had previous experience with site-based interviewing and was specially trained for the DATE study. In addition to being trained to use the interview schedule, interviewers were advised to respect the integrity of key informants. No information was so important as to justify interaction that might prove threatening to the individual. Interviewers were instructed to end the interview if: (a) the confidentiality of the informant was threatened, or (b) the interviewee was emotionally involved in the interview to the point where the integrity of the data was threatened. This did not occur.

Following each interview, a comment sheet containing the interviewer's immediate impressions of the interview was completed and included in the data corpus for analysis. Also, upon completion of all interviews, each interviewer wrote a two- to three-page summary statement of his or her most interesting observations. In each district all qualitative data was collected during two days.

1992 Data Analysis

The research team consisted of two members who performed almost half of all the field interviews and four other team members who performed data analysis only. The team included two quantitative educational evaluators, one former superintendent and educational/organizational researcher, one substance use and organizational/educational researcher, one public health substance use specialist, and two substance use/abuse researchers who performed transcription and were trained for analysis. Each member was selected based on his or her varied background and expertise, providing a range of informed perspectives, thereby facilitating interpretation.

Analysis was conducted at the district, school, and student levels using the constant comparative method found in the grounded theoretical approach (Glaser and Strauss, 1967; Strauss and Corbin, 1990). In this method, researchers constantly compare interviewee statements within and between interviews to determine similar and/or dissimilar statements of beliefs and behaviors of

those involved in the development and implementation of the DATE Program. Through rigorous categorizations of such statements, researchers gain an in-depth understanding of what DATE services are being implemented, why they are being implemented, and how they are being implemented. This method is designed to allow assertions to emerge and evolve as data are compared, ultimately resulting in a set of findings grounded in data.

The constant comparative method found in the grounded theoretical approach may be contrasted with basic quantitative approaches, such as the student survey data, in which basic hypotheses are formed ahead of time (a priori) and questions are asked reflecting those hypotheses. Using the constant comparative method, hypotheses about the meaning of the data may be "generated" from the data itself; these hypotheses are then "tested" in the field, and during analysis. For example, in 1992 school district personnel described a philosophical context of DATE that researchers called the "risk orientation;" it was seen as a method of identifying and possibly serving students, such that without help, these students may become substance "abusers." Based on this early evidence, researchers then postulated that if the risk orientation was effective, individualized DATE services would be more prevalent for "at-risk" students than for "thriving" students. To evaluate this, rather than going back to all of the same individuals researchers interviewed the previous year, researchers performed a second round of data collection comparing "at-risk" students with "thriving" students regarding the DATE services they received. Consequently, in 1993 researchers used 1992 results to enhance the research design. These processes provided researchers with an assessment of the DATE Program, ultimately "grounded" in the real-life experiences of participants (Berger and Luckmann, 1967; Blumer, 1969; Garfinkel, 1967).

Initially, each researcher analyzed data independently. Then, approximately every two weeks, the qualitative team met for two days to go over their own assertions and to compare them with other group members' findings. Through researcher interaction during these meetings, a consensus was formed about the meaning of the social world represented by the data, thus yielding the qualitative findings presented in this report.

Findings are illustrated by exemplar statements taken directly from the data set that meet the criteria of inclusion determined by the working definition of each topic or category. Unless otherwise stated, each exemplar statement is indicative of a majority (more than 50 percent) of statements of that type.

1993 Data collection

Four interviewers performed all 1993 interviews. Prior experience with 1992 interviews was supplemented with two days of additional training, this time emphasizing interview techniques appropriate for student groups. During the training, particular attention was given to methods of interviewing that make explicit the affective responses of students. Awareness of affective responses helped interviewers to be sensitive to students' needs, and cultural and ethnic backgrounds. Additionally, interviewers complied with the integrity and anonymity guidelines from 1992.

1993 Data Analysis

For this study, all student data were included for analysis. The same analytical methods as previously described were repeated by a subset of the 1992 research team. Data analyses from 1993 were performed using the same analytical approach as the previous year. Additional work performed was quantitative content analysis (Berelson, 1952) (i.e., statistics describing the number of occurrences of certain types of statements in focus groups). Additionally, from the 1993 quantitative data set (Romero, et al., 1994), previously unreported student survey results relevant to these findings are also presented.

Reliability and Validity

In this study, researchers were aware of a potential source of selection bias. The DATE coordinator, a significant stakeholder, helped to arrange key informant interviews, thereby potentially exerting undue influence on key informants who might put the DATE Program's "best foot forward." At the same time, given the logistics of this large-scale field evaluation, having the DATE coordinator in each selected district assist researchers assured that those members of the school district most involved in the implementation were included as informants.

Several strategies were employed to minimize the negative effects of potential sampling bias and to maximize the value of having those most closely associated with DATE describe the implementation process. First, researchers assured the anonymity of all key informants. Although the DATE coordinator might know who in their district was interviewed, through arrangement of private interview areas, the reiteration of anonymity before the interview and confidential coding processes, only interviewers would know what was said by any particular key informant. Second, organizational positions from which coordinators had discretion to arrange interviews were the same across districts. Third, in addition to those participants selected by the DATE coordinator, researchers designated specific organizational positions (e.g., Assistant Superintendent responsible for the DATE Program supervisor, the District Financial Officer, etc.) who were required to participate as informants. The multiple cross- district positions represented in the sample made it difficult for any one person to assert undue influence. Nevertheless, if it existed, information regarding the application of pressure to key informants was precisely part of what researchers hoped to uncover. Researchers' awareness of this factor provided an early and consistent constant comparative basis between those selected by the coordinator and those selected by researchers. The contrast of a researcher selected key informants with DATE coordinator-selected key informants provided researchers with an opportunity to constantly compare data within and between districts.

The methods of collection and analysis created an effective tool to look at the potential effects of selection bias (Glaser and Strauss, 1967; Kirk and Miller, 1986; Strauss and Corbin, 1990; LeCompte and Preissle, 1993). These methods include collecting confidential semi-structured interviews and data analysis using a multi-disciplinary team, and performing constant comparisons within and between interviews and study years.

In taking the grounded theoretical approach, researchers generated emergent assertions from these data. If this were an experimental design, the selection bias issue might be considered a significant threat to reliability and validity. Instead, in this qualitative evaluation, with the awareness of this potential bias in mind, the data collection and analytical methods helped to

uncover informant bias, thus helping to insure study reliability and validity.

III. Implementation of DATE Services

To provide a context for new findings when available, researchers also present findings that have been previously reported (Brown et al., 1993). In this way, the student's view of the development and implementation of DATE services can be compared with the perspective of school district personnel.

- What is the philosophical context of the DATE Program?

In this section, researchers describe the guiding philosophy that school district personnel use when developing and implementing DATE services. This is important for two reasons. First, it provides the social context of DATE Program development and implementation. Second, the social context provides a description of norms that school district personnel hold about DATE, and in turn, what is acceptable (or unacceptable) to deliver as a DATE service. The prevailing philosophical context, "the risk orientation," is referred to as a "construct."

In the following section researchers show that the "risk orientation" is the dominant construct informants use as a rationale for implementing DATE services. It includes four elements defining the relationship of the "risk orientation" to student prevention programming:

1. School district personnel use the terms substance "use" and substance "abuse" interchangeably.

2. Using prevention science risk factors, school district personnel perceive a majority of students to be "at-risk" for becoming substance abusers.

3. When describing their mission to work with "at-risk" students school district personnel equated "at-risk" and "high-risk."

4. Discussion of protective factors to prevent substance use and/or abuse is noticeably absent from school district personnel interviews.

Researchers present exemplars of the risk orientation in the same order as the elements described above.

(1) The terms use and abuse are used interchangeably. Informants discuss substance use in the same way they discuss substance abuse:

> *R: I'd like to think the message is drug abuse is life abuse, which is our slogan and everyone knows that slogan. I think the message is that drug, alcohol, and tobacco, substance abuse or substance use, is not acceptable...*
>
> *I: So use equals abuse for any of those substances?*
>
> *R: Yes (#292, p. 5).*

Respondents described any substance use as abuse. The following exchange, typical of interviewers probing for accuracy, confirms the interpretation of the use/abuse equation:

I: Drug-free meaning?

R: Alcohol- drug- tobacco-free world.

I: So, then, I don't want to put any words in your mouth, but my impression is that any use of any of these substances by students equals abuse?

R: Yes (#227, p. 3).

These preceding excerpts show how the terms substance "use" and "abuse" are used interchangeably.

(2) Using "prevention science" risk factors, a majority of students are perceived to be "at-risk" for becoming substance abusers and; (3) When describing their mission to work with "at-risk" students, informants equate "at-risk" and "high-risk." We link findings (2) and (3) because informants often linked them. When describing a typical "at-risk" student, informants used individual and interpersonal prevention science risk factors to link students, their families, and a possible "dependency on some type of drug" (Coie et al., 1993; Hawkins et al., 1992).

I: What is the problem?

R: The problem is that they're (students) living with families, someone in their family is dependent, some kind of dependency on some type of drug, so you know that it affects their personality (#231, p. 6).

As stated in the 1991-92 DATE Application (p. 3), "family substance use" represents a description of a substance "abuse" risk factor (California Department of Education, 1991). When it came to the potential for substance "abuse," many informants also believed a majority of students fit into the "at-risk" category:

R: We are addressing the risk factors that show up, with the idea that it's real hard for me to point out which of our kids are not at risk (#014, p. 13).

The first exemplar shows that the "at-risk" student is seen as possessing risk characteristics as defined in prevention science literature. The second exemplar shows that informants perceive a majority of students as "at-risk" for substance abuse. In the following exemplar discussing the mission of DATE, these two ideas are brought together. When asked to state the mission of the DATE Program, respondents linked the identification of students with risk factors, and the perception of widespread risk among students:

R: I think that it is to identify and provide services for high-risk students.

I: What about non-high-risk students?

R: If you look at our district demographics, we have a ton of kids that are high-risk kids, we

have a high Chapter One count, we have a high Special Ed count, so that means a majority of our kids, I would consider at risk anyway. We have a whole lot of at-risk kids; high-risk kids are kids that have a discipline history; they are kids that have poor attendance rates; they are kids that we know that are having lots of CPS [Child Protective Service] referrals, so they're going to take a different level of intervention (#210, p. 4).

Here, constructs such as "discipline histories," "poor attendance rates," and "lots of CPS referrals" define the respondent's notion of both "at-risk" and "high risk." "Special Ed" and "Chapter 1" are used as referents to "at-risk" populations. In the same way that use is equated with abuse, "at-risk" is equated with "high risk." The mission of informants is to identify and assist these students.

(4) Discussion of the use of protective factors to prevent substance use and/or abuse is noticeably absent. Some researchers believe that risk factors may predict which types of students in a population are likely to become substance users and abusers, and that protective factors are equally important: they are viewed as those factors that a child or adolescent may possess or experience which, despite risk, may keep that child or adolescent from becoming a substance "abuser." One example may be the protective factor of "bonding" with any significant adult (Werner, 1986). Here, it is believed that if a child or adolescent can find a significant adult to bond with, in even the worst risk circumstances, this child or adolescent may be "protected" from substance use and/or abuse.

In qualitative research, when comparing incident after incident of data occurrences, it is considered of proven theoretical relevance to observe concepts that are repeatedly present or absent (Strauss and Corbin, 1990). Although protective factors are mentioned in the DATE application, the noticeable lack of discussion of protective factors as a strategy in substance use and abuse prevention showed that an orientation toward risk factors appeared to be of primary consideration to the majority of school district personnel..

In contrast, a few respondents described alternatives to the risk orientation. Rather than focusing on "at-risk" students, a minority of school district personnel described developing and implementing programs in which cultural norms are taken into account and distinctions between substance use and abuse are made (See Appendix 3). The few respondents taking this alternative view displayed a notable absence of the risk orientation.

In this section, researchers have shown that the "risk orientation" is the dominant construct used by informants as a rationale for implementing DATE services. These results reveal the context shaping the development and implementation of DATE at the school district personnel level. Furthermore, this context provides a description of norms that school district personnel hold about DATE, and in turn, what is acceptable (or unacceptable) to deliver as a DATE service.

- What Services are Being Delivered Under the DATE Program?

District Personnel Perspective:

As reported in the 1992 technical report (Brown, et al., 1993) and confirmed in the Interim Report (Romero, et al., 1993), school district personnel reported delivering a wide variety of prevention programs. These included DARE, Health and Science courses, Red Ribbon Week, assemblies, *Here's Looking at You 2000* and various counseling services. The most widely discussed services

were DARE, Red Ribbon Week, and *Here's Looking at You 2000*. For DARE, Red Ribbon Week, and Assemblies, school district personnel often described inviting specialists such as police officers and ex-drug addicts to deliver and/or assist in delivery of such programs.

Intervention services discussed by school district personnel included outside referrals, counseling, alternative schools, and disciplinary measures, including detention, suspension, and expulsion.

Student Perspective:

Overall, (in 95 percent of focus group interviews) students reported specialists present to implement DATE services. In 21 of 40 (52.5 percent) interviews students reported that police officers, "specialists" trained to deliver the DARE curriculum, came into their schools to deliver DATE Programs. Twelve student focus group interviews reported specialists being brought in for anti-drug assemblies (30 percent). In 8 out of 40 student group interviews (22.5 percent), students mentioned counselors as specialists.

DATE Services:

Table 1 presents the percentages of the five most frequently reported DATE services from students (expressed as a percentage of all student focus groups).

Table 1.

Program	Percent
DARE	52.5
Health Courses	42.5
Anti-drug Assemblies	30.0
Red Ribbon Week	27.5
Counselors	22.5

Results were calculated by accounting for all programs mentioned in each focus group. For example, if DARE and Health courses were mentioned during an interview, regardless of the number of times mentioned, this would be counted as mentioning two programs. Of these programs, DARE was most frequently mentioned, followed by Health\Science courses, Anti-Drug assemblies, Red Ribbon weeks, and counseling.[2] Only two student focus groups reported receiving "no" DATE services. These results indicate that in 38 of 40 (95 percent), focus groups, students report receiving at least one DATE service.

Note that only counseling represents what might be termed an "individualized" DATE service. Every other significantly mentioned program is delivered to groups of students, otherwise known

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[2]Other infrequently mentioned services included but were not limited to: Friday Night Live and student assistance programs. Without referring to it by name, some students described the service elements found in *Here's looking at You, 2000*.

as "mass application" programs. These results are important because they begin to describe the student perspective of implementation.

Table 2 describes the percentage of the five most frequently reported DATE Programs from students as a function of school level.

Table 2.

Program		Percentage	
	Elementary (n=20)	Middle (n=9)	High (n=11
DARE	76.19	19.05	4.76
Health Courses	17.65	41.18	41.18
Assemblies	41.67	25.00	33.00
Red Ribbons	27.27	27.27	45.45
Counselors	11.11	22.22	66.67

Notable about this finding is that DARE and anti-drug assemblies are most frequently reported at the elementary school level. For example, of a possible 100 percent of DARE programs that student focus groups reported, 76.19 percent were reported at the elementary school level. Of 100 percent of Health courses, 41.18 percent were reported by high and middle school focus groups, respectively. The remainder of these data indicates that most Red Ribbon weeks and counseling are reported at the high school level: health courses are most frequently reported in middle and high schools.

In confirming percentages of implementation reports, these findings corroborate quantitative implementation findings. For example, in the larger quantitative data set, personnel from 120 school districts reported delivering DARE in 49 percent of schools (Romero, et al., 1993, p.4/15). This compares with 52 percent of our student focus groups reporting DARE programs. Additionally, in the larger quantitative data set 41 percent of school district personnel reported implementing health curricula (Romero, et al.,1993, p.4/15). This compares with 42 percent of students in student focus groups who reported participating in health/science curricula. Such cross verification using alternative data sources provides what is called "triangulation." By comparing results from different sources (i.e., what DATE services school district personnel say they are implementing versus what DATE services students say they receive), triangulation helps researchers confirm or disconfirm results (LeCompte, and Preissle, 1993).

These results are important for three reasons. First, they show that students confirm the programs school district personnel say they are delivering. Second, they show that most student focus groups report receiving these DATE services. Third, students provide in-depth descriptions of how they experience DATE services.

Implementation of Drug Policies

Drug policies:
To assess another part of implementation, researchers examined the overall extent to which students describe awareness of drug policies.

Regarding drug policies, overall content analysis showed that in 39 of 40 (97.5 percent) interviews researchers found clear student descriptions of substance use/abuse school policy.

Almost all student discussion of policies specified negative sanctions for use. When asked or volunteering what happens to a student who is caught using a substance at school, more than 90 percent of the student groups reported one or more of the following three elements: detention, suspension, or expulsion. The following excerpts from different school-level focus groups are representative of the entire data set:

Elementary, Thriving:

R:[1st respondent, male] They might get suspended or just get a referral, might even get expelled.

R:[different respondent, female] One of my friends, they got suspended and they really got in trouble by their parents...

R:[2nd respondent, male] A couple of girls in my class right now they were smoking last year...[and] they got caught smoking in the rest room...and they got suspended for like three days.(#562 p.12)

Middle School, Risk:

R:They get kicked out!

R:Expelled.

I:They get expelled? Anything else happen to them? Or, is there anything good that happens for them?

R:All I know, from what I know they get expelled. That's about it (#552, pp.9-10).

High School, Risk:

R:...First they tell you that you're suspended for so many days, then you're up for expulsion.

I:That's it?

R:I guess.

I:Have any of your friends been busted?

R:Yes. Right now, they're up for expulsion right now. To be expelled and then they would have to go to another school, I guess (#506, p. 13).

These results indicate that both perceived "at-risk" and "thriving" are aware of unambiguous drug policies. Overall, it can be said that student groups at elementary, middle, and high school levels are aware of the consequences of being caught using substances at school. This demonstrates implementation of school drug policies. Few descriptions of policies designed to assist students were found. This is important, because by showing that the overall orientation in schools is toward enforcement of "no use" policies, students describe an important part of the climate in which drug education takes place.

In this section, researchers have shown that DATE services and policies have been implemented. The most frequently reported services are DARE, Red Ribbon Weeks, Health and Science courses, assemblies, and counseling. Most DARE and Red Ribbon Weeks tended to be reported at the elementary school levels, and most counseling was reported at the high school levels. Researchers have also presented evidence that tough "no-use" school anti-drug policies are in place. More than 90 percent of such policies had to do with punitive measures such as detention, suspension, and/or expulsion.

- Are at-risk students receiving specialized services?

Here, researchers assessed the comparative extent ("at-risk" versus "thriving" groups) to which DATE Programs were targeted toward "at-risk" youth, defined in the following way: the extent to which "at-risk" students would report different and more individualized DATE services than their "thriving" counterparts.

Tables' 3a, 3b, and 3c describe the five most frequently reported DATE services as a function of school level and risk status.

R=Risk students, T=Thriving Students, R+T=Mixed Risk and Thriving Students
The number in each cell before the "/," indicates the number of focus groups in which students reported receiving that particular service. The number in each cell after the "/," indicates the number of focus groups in which that particular service was not reported:

Table 3a: Elementary School (N=20 focus group interviews)

	DARE	Red Ribbon	Health Courses	Assemblies	Counseling
R	8/2	1/9	1/9	2/8	1/9
T	8/2	2/8	2/8	3/7	0/10

Table 3b: Middle School (N=9 focus group interviews)

	DARE	Red Ribbon	Health Courses	Assemblies	Counseling
R	1/3	1/3	3/1	2/2	0/4
T	1/2	0/3	2/1	0/3	2/1
R+T	2/0	2/0	2/0	1/1	0/2

Table 3c: High School (N=11 focus group interviews)

	DARE	Red Ribbon	Health Courses	Assemblies	Counseling
R	0/5	1/4	4/1	3/2	2/3
T	1/4	3/2	2/3	1/4	4/1
R+T	0/1	1/0	1/0	0/1	0/1

Among the top five reported DATE services, within school levels comparing "risk" and "thriving" students, there is no discernable pattern of service differences; nor is there a pattern of "at-risk" youth reporting more individualized services (counseling) than "thriving" youth. In fact, if researchers compare across school levels, we find that at the middle and high school levels, only two of nine "at-risk" groups report receiving counseling. When looking at the "thriving" students, we see a reversal of this trend, showing that six groups participate in counseling, and two do not. Please note that the predominant discussion of the "thriving" students regarding counseling focused on their participation as peer counselors. This is a further indication of their participation

in the school community. Additionally, since researchers probed for all types of counseling, the fact that "at-risk" students did not generally discuss participating in counseling, (including peer counseling) suggests that such services are not widely available. Precisely when students are making substance use decisions, during middle and high school, "at-risk" students do not report being involved in counseling.

These results show no pattern of evidence supporting specialized services for at-risk youth. This is important because, in the DATE Program, at-risk youth have been specially targeted for primary services, and our evidence suggests they are receiving services that are no different from other students. Results show that students "at-risk for substance abuse" are identified, but they do not report receiving targeted prevention services.

- What instructional strategies are used to prevent students from using substances?

Underlying DATE services are what we call "instructional strategies." Instructional strategies are methods of influence that DATE service deliverers employ to deter students from using substances. They are important to understand for three reasons. First, they transcend types of DATE services, providing us with valuable knowledge about the processes used to deter students from using substances. Second, these particular processes or methods of influence can be tied to a vast research literature. This, in turn, can help us understand the likelihood of deterring students from using substances when these strategies are used. Third, instructional strategies help to explain the overall effectiveness of the DATE Program.

School District Personnel Perspective:

In this section, researchers describe three processes through which DATE Program deliverers attempt to influence students regarding substance use decisions. The first are called "harmful consequences" programs. In such programs, service deliverers attempt to influence students not to use substances through graphic portrayals or presentations of the consequences of substance use. The second type include "reward-type" programs. In reward-type programs, service deliverers attempt to influence students not to use substances by offering a reward in exchange for the commitment not to use substances. The third type include "self-esteem" building programs. Most service deliverers who use self-esteem strategies describe teaching students substance use refusal skills in the context of self- esteem and decision-making. These instructional strategies are consistently found across grade levels, size of school district, and span both prevention and intervention services.

Instructional Strategy #1: Harmful Consequences of Substance Use

Following are two of the more creative examples of presentations to students which represent a harmful consequence strategy:

(1)

> *They've done an activity, I'm not sure what this is really called, but, where they paint the faces white of the student and that student is dead and they do so many students every few seconds depicting that is how many people die in traffic accidents on a major holiday weekend. Then the student returns to class and is not allowed to speak the rest of the day. (Laughter) It makes an impact (#288 p. 5).*

(2)

They turn the (drug-search) dogs in, the dogs don't pay one bit of attention to the kids! They immediately go around scouring the room. They never fail. When it's all over, they bring the dogs out to the exit and the kids get to pet the dogs as they go out. A lot of our things are rather mechanical and you can't really say somebody has been up there lecturing to the children (#015, pp. 4-5).

The "harmful consequences of substance use" strategy was by far, the most often described. It is linked with programs such as DARE, Red Ribbon Weeks, Assemblies, and Health/Science Courses. It is not linked with professional counseling strategies.

Instructional Strategy #2: Reward-Type Programs

A reward-type program is depicted in the following passage:

R: When we do these things we have T-shirts we've made up that we give to the kids, number one as a reward for doing it for us, number two to promote what we are doing. We have poster contests, essay contests, and we give out a zillion awards to the kids (#275, pp. 13-14).

Statements of this type occur often in the interview data. Therefore, the interviewers probed for respondents' sense of efficacy of this strategy. When asked whether this method of influence has a positive effect, this respondent, who was representative of many others interviewed, said:

R: Sure, I think so. Besides that, I think it is a great visible reward for kids. Let's say the kid draws the poster and the poster becomes a billboard, what a wonderful feeling. Plus when you are drawing the poster, you are not just drawing the poster, the teacher is also helping you learn more about tobacco and why it is bad for you and what the results could be so you can do a good poster. So, you are learning as you are doing and, I think, that is to the child's benefit.

I: You have mentioned the word reward a couple times. Is that what they're supposed to be rewarded, I mean, there is an attempt to influence them.

R: You don't always have to have rewards, but public recognition of children's efforts is very sweet and long-lasting.

I: I hear your voice and you're smiling, what is that?

R: Well, I think that children today have a lot of trauma and distress in their lives and when they can have something pleasant and rewarding, not rewarding, but recognition by adults that their message is important, that they are listened to, that is part of it.

I: It has its own intrinsic reward?

R: Yes it does (#394, pp. 10-11).

Once again, offering rewards and prizes is a prominent strategy used in the DATE services such as DARE, Red Ribbon Week, and assemblies to promote contests. Rewards were not found within professional counseling services nor health/science courses.

Instructional Strategy #3: Self-Esteem Building Programs

The majority of respondents discussing the self-esteem instructional strategy believed that students would be deterred from substance use through what is called "decision-making." Although they called it "decision-making," respondents describe one reasonable action for students, choosing not to use any substances. The following illustrates a typical scenario posed to students by those using the self-esteem strategy:

> *R: ...consider when you're out at the beach and somebody comes over with a keg of beer and you're the responsible driver and you know what's going to happen. How do you gracefully decline that kind of hospitality, without looking like a nerd and being a social outcast from that day forward? (#001, p. 8)*

The previous passage represents decision-making within a no-use framework.

On the other hand, as a means of substance use prevention, a minority of participants discussed self-esteem building and a curriculum to develop decision-making skills. That is, through the building of self-esteem, students are empowered to make their own decisions regarding substance use. This is decision-making within a self-esteem and coping skill context. Accompanying the strategy to develop self-esteem and decision-making skills is a presumption of trust in the autonomous decision-making abilities of students:

> *R: ...giving you as much information as we can to allow you to make the best possible decision and choice about what it is you want to do with your life, because we know we don't have control over the decisions you make (#002, p. 9).*

During such discussion about the DATE Program, words like "decision" and "choice" distinguish these respondents from others who talk about self-esteem. Compared with the majority view of self-esteem, choice and decision-making-type statements provide evidence of an entirely different orientation. In the present context, these words are used by school district personnel attempting to build self-esteem through student empowerment. This is distinguished from the majority of school district personnel, who use the words "decision-making," but actually mean that the only acceptable decision for students is no substance use.

While many respondents talked about self-esteem, few actually described how they implement this instructional model. It appears that the self-esteem and coping-skills methods are not as common in the data as the other two instructional strategies, yet it is a significant instructional strategy that respondents describe. These strategies are most often linked with DARE, Health and Science courses, and *Here's looking at you 2000.*

Student perspective of instructional strategies:

Following are excerpts from student interviews that typify the knowledge that students retain and report from the programs they receive. Exemplars are presented from all three school levels. To

show that there is virtually no difference between risk and thriving groups on this dimension, excerpts represent both risk and thriving points of view at each level:

High School: Thriving

R: Um, just the dangers of alcohol. They show you the long term effects of all different, alcohol abuse, or any type of drug addiction and then also like, there's a section on eating disorders and suicide and like, different cancers..the chemical like for chemistry, the chemical equations of what happens and how things decompose with alcohol...the biological aspect of the blood alcohol content, et cetera, and they also do sociological things. What it means in terms of family structures and the effects of alcoholism among families and things like that. Lots of statistics.

R: We're shown films. They're a lot of things that you see through high school, brochures...(#544 p.2).

High School, Risk:

I: How about the Health and Science class, what do they, what kinds of things do they teach you there?

R: What it does to your body. Like what it does to your insides, what your brain cells...

I: Do they show you like black lungs and...?

R: Yeah! They show us like movies and stuff. What happens if you drink and drive (#545, p.4).

Middle School: Thriving

I: Just tell us about the different times that you learned about it, what you learned...

R: Oh, I learned it all last year. A lot last year.

I: What did they say?

R: Um, just about how bad they are.

I: Can you give me a real specific example?

R: That it can lead into bigger problems. I guess that's the main thing. And you hurt your family and friends and it's...

I: Did they show you pictures?

R: They showed us the real stuff. A big case of it, in glass of all kinds of different stuff.

I: Different kinds of drugs?

R: Yeah, marijuana and heroin balloons.

I: So, they show you drugs?

R: Yeah. We went to a show too, Washington, DC, the FBI Building, and they had lots of drugs there. We got to see them there. But, we didn't really get to talk to them there. (#507, p.1).

Middle School: Risk

I: I'm wondering if you guys can tell me about the different times that you learned about drugs at this school?

R: [long pause] Well, we learned it in DARE. Our Deputy L. comes in once a week and he tells us about drugs, alcohol, and stuff like that.

I: Have you all had that?

R: Yes. [in unison]

I: What was that like for you? What did they tell you or what did they teach you or whatever?

R: He told us about drugs and not to use them, what it can do to you. Like on TV commercials, they don't tell you what it can do to you, like if they're selling beer. All that stuff.

I: Do you guys agree with that?

R: Yeah. And sometimes he jokes around with us. Once he told us this story about a dog who hung on to the back of his truck while he drove down the street! (# 508, p.1)

Elementary, Thriving:

R: OK, in third grade the deputy came and he taught us about like say no and all that...Deputy J. and now he is talking to us about the same thing.

I: So you said Just Say No, is that what they teach you?

R: [several voices] Yes.

R: Teaching us things to say when we don't want to do it, like how to say no and how to keep your friends at the same time.

I: Do you like what the deputy is teaching you?

R: [Several voices, some responses spoken enthusiastically] Yes.

I: Everybody does?

R: [several voices] Yes.
I: Why do you like it?

R: Because it's nice to know just in case you get in that situation and somebody asks you [nervous laugh]. You know how to say no (#532, pp 1-2).

Elementary: Risk

R: Yes, like for marijuana you like forget, you can get cancer...

R: You get high and forget stuff...

R: LSD causes hallucinations...

R: Well, Deputy L., he was saying that if we chew like chewing tobacco that our gums will turn all brown and will start peeling away from our teeth...

I: What did you think of the pictures? What other kinds of pictures did you see?

R: [Several voices speaking at once] It was gross. It was ugly. It was nasty (#533, pp. 2-3).

The previous excerpts are typical of student focus groups' responses to questions asking them about what they learned and how they learned it. Although in some cases, researchers found a qualitative difference in the ability to articulate what they learned, both "at-risk" and "thriving" groups described curriculum focusing on the harmful effects of substance use as abuse. It is certain that the harmful effects of substance use/abuse have been taught, and for the most part, retained as retrievable knowledge by students. When describing harmful consequences, students also described what school district personnel described as self-esteem in the context of refusal skills:

> *R: He taught us the different ways you can walk away, like "broken record" and just saying the same things, over and over again. Just avoiding the um, situations. And what else? Um, [pauses]*
>
> *I: How to do a distraction, maybe?*
>
> *R: Yeah!*
>
> *R: Or talk about something else, change the subject (618, p.3).*

Different ways to say "no" are part of the retrievable knowledge gained by students experiencing DATE. It should be noted that, in many circumstances, students reported receiving some sort of reward, such as pencils, prizes, or ribbons. As previously described, offering a reward represents an instructional strategy used to prevent substance use.

The instructional strategies found are consistent throughout DATE services. Students confirm this cross-service consistency:

> *I: And how did you learn that it ruins their health?*
>
> *R: Through the science book and DARE, through everything, everything they teach you (#562, p.11).*

These findings indicate that students are receiving the knowledge that DATE service deliverers want them to receive. Students are aware of certain issues regarding substance use. In the educational literature, this is known as "knowledge transfer." The primary instructional strategies used to gain such a knowledge transfer are (in order of most prevalent): direct instruction of harmful consequences, self-esteem in the context of refusal skills, and the offer of rewards in return for a promise not to use substances. We have found that these strategies transcend types of services, and are not dependent on whether students are "at-risk" for substance abuse or "thriving" in their school.

The finding that "at-risk" youth describe the same instructional strategies as their "thriving" counterparts provides confirmation that services are not targeted toward those perceived to be "at-risk for substance abuse." Given the depth of interviews themselves, the breadth of the interviews across districts, and interviewers' training to probe for all types of services, it is unlikely that researchers would not have uncovered any significant services delivered to these students. Following, we describe how students are affected by these services, and the instructional strategies underlying them.

IV. Effectiveness of DATE Services

- How do students respond to DATE services and policies?

For the remainder of this report we show how students describe being affected by DATE services. Following, in effect, is the story of DATE from the student's perspectives. In it, researchers show how students report being affected by DATE services and what they would like to see in DATE services. We begin with an examination of the student perception of what constitutes substance "abuse" problems, complimented by the extent to which students in grades 7 through 12 report being influenced by DATE services, and how they feel about such services. Findings will be completed with what students would like to see in DATE services.

Student responses to DATE services

In 1992, the first year of the DATE evaluation data collection and analysis, researchers found that most school district personnel did not distinguish between substance use and abuse. Why may this be a very important qualitative examination? Part of the mission of the DATE Program is to influence students to adopt a "no-use" attitude and behavior toward substances. If students felt the same way about this substance use/abuse distinction that DATE service deliverers did, then, depending on what students said, it could indicate that service deliverers are positively influencing students. If, on the other hand, students made a distinction that contradicted and/or elaborated what was being taught to them, then it could indicate little influence of the program, or perhaps merely typical adolescent rebellion to authority figures. The importance of this factor depends on

if and how students describe the distinction between substance use and abuse.

Content analysis revealed that in 37 of 40 (92.5 percent) interviews, students made clear distinctions between substance use and substance abuse. This was defined by the extent to which specific substances are described, and an example is provided showing use or resultant behaviors not perceived to be harmful, versus use or behaviors that are. On 74 occasions in 37 interviews, students described the distinction between use and abuse. The following qualitative excerpt from an elementary thriving group is an exemplar of this type:

> *R: [first] Like if he asked me---it's just kind of like the person, like, see my uncle, he can drink and he won't get drunk and then my other uncle he can drink a couple of beers and he will get drunk and get into stuff...*
>
> *R: [second] Like my dad he can drink like three or four beers and he doesn't really get drunk, he gets kind of weird [said with a kind of laugh], but he doesn't get drunk and if my mom if she drinks anything alcoholic she gets really sick, because he, I mean, my dad used to drink more than he does now. I mean, lately he has maybe one beer a month and my mom doesn't drink. So, it just kind of depends on the attitude of the person before they drink, too, because if they're already violent then if they drink they might get even more violent and then if it doesn't bother them, you know.*
>
> *I: Does the DARE officer teach you those things?*
>
> *R: [third] No, not really.*
>
> *R: [different respondent, hard to identify] I don't think so.*
>
> *I: So how did you come to know that? Just by watching?*
>
> *R: [second] You just kind of know it. [short laugh] [second respondent says "Yes" in the background] You know just by observing your surroundings and you can tell how people act. I mean, all families have different examples of stuff but you can just about get any family with somebody that drinks (#567, pp.5-6).*

The preceding passage exemplifies the use/abuse distinctions that even the youngest student groups made. On this dimension of effectiveness, there was a developmental component: it appears that as school level increased, so did the sophistication of distinctions between use and abuse. The prevalence and types of the use/abuse distinctions are negative indicators of effectiveness. There is evidence that the program is in place; there is evidence that the students hear the message that use equals abuse, and that there are harmful consequences for any substance use. However, possibly because of the combination of service deliverers teaching that use equals abuse, and students consistently distinguishing between substance use and abuse, evidence begins to suggest that the influence of program deliverers is limited.

Compared with the previous elementary school distinction between use and abuse, when middle school students discussed their use/abuse distinction, they described their dissatisfaction with what they receive in school, linked with the fact those service deliverers do not make such a distinction. The following data shows that these students have both heard and understood the "no

use" message, but they question the veracity and the motives of those providing this information:

R: I think it's nothing! It's exaggeration!

R: They lie to you so you won't do it!...

R: Oh, they lie to you so that you won't do the drugs! They think you're dumb!

I: Do you think that works?

R: No. [laughs]

I: Do you think that's what they really do?

R: Yeah, sometimes (#508 p.10).

By shifting discussion from a mere distinction between use and abuse, to embedding this discussion in a context of drug education, this middle school data represents a more sophisticated understanding of use and abuse than the elementary-level students.

Compared with the middle school students, when making a use/abuse distinction, high school students shift their perception to the context, type of substance used, and level of use:

R: Get drunk at a party is fine! Mothers Day, get drunk! I'm not saying for me...I'm just saying these are parents, right? If my mom gets drunk, I don't care! On Mothers Day she totally had a good time, but she didn't drive home. She felt sick in the morning, but she had a good time and that's fine. If I knew she was an alcoholic, I'd get her help! But, yeah, she gets drunk, but not every day! Not once a week!

I: Okay.

R: She does have drinks though.

I: Is that what they teach you in the classes?

R: No. [in unison]

R: They teach that us that everything is bad!

R: Yup!

R: It's just flat out bad (#507 p.14).

These findings show that student distinctions between use and abuse occur at all school levels. Similar to other research findings, this evidence shows that students make use/abuse distinctions based on elements found in their social world (i.e., types of substances, levels of use, and using circumstances) (Klitzner, 1987; Shedler and Block, 1990; Baizerman and Compton, 1992; Brown and Horowitz, 1993). Their understanding of such distinctions emanates primarily from sources

outside schools (e.g., family members, friends, and personal experience). Our evidence suggests that as students become older, the difference between their drug education and personal knowledge becomes a significant source of dissatisfaction regarding DATE services. This finding is important because it shows that service deliverers are not perceived as having a significant influence on student attitudes or behavior.

Although this is not an experimental study, that is, we do not maintain a cause and effect relationship between the state, the risk factor model, and student program perceptions, these findings do suggest that some of the program difficulties may be traced to the differences in perceptions between school district personnel and students, referred to as a "mismatch."

Student responses to DATE drug policies:

Researchers examined the extent to which students describe their belief that such policies were beneficial.

This item includes the student data describing their affective response to clearly delineated policies. Do perceived "at-risk" and "thriving" students feel the same or differently about the primary drug policies? Our findings reveal that a majority of focus groups discussing this topic felt that the consequences of substance use were not supportive of students needing help for substance use problems:

High School: Risk

R: I don't think the schools are for like helping it's just for getting the bad kids out and it's just...

R: Yeah.

R: Especially at first, if you need help they tell people to go to like [name of institution], get your fix, you know, come back and we'll get you back on your feet, you know?...They are not in this for helping you, they are in for getting rid of the bad kids and just having all good kids in school. [spoken very emphatically]...

R: Well, maybe if you could get them to care more then they would do that [a different respondent than the others above].

R: If they suspect you of smoking or having drugs on you or whatever, if they see a kid like that in their school then, instead of suspending them and getting them out of school, why don't they help then? (#531, p.21)

High School: Thriving

R: Yes, because I do know, I had a friend who had a real rough time trying to go straight!

I: Cause there wasn't any help available?

R: There, at this school, no! [very emphatic]

I: Is anybody here aware of what you do if you had a friend say, who was real involved and you wanted to try to get 'em off drugs? Is there any resource here, that you know about?

R: Not really.

R: No.

R: I haven't heard of any.

R: Not at this school! (#593 p.8)

In addition to doubting the veracity of the information they receive, these results show that a majority of these middle and high school group students are aware of what a drug problem is; many question why the school is not helping them or their friends when they have such a problem.

- To what extent are students influenced by DATE services?

Here, qualitative researchers provide a key linkage with the larger DATE quantitative evaluation. As a result of the 1992 qualitative findings, in 1993 qualitative researchers designed items to be administered in the grade 7 through 12 student survey. These items were developed based on a combination of 1992 instructional strategy data and social influence literature. It is important to

note that grade 7 through 12 is the period when in school students are most likely make substance use decisions. These questions are central to understanding the effectiveness of DATE services. Researchers provide these questions, survey results of 5,045 students, and a supporting qualitative exemplar.

Figure 1

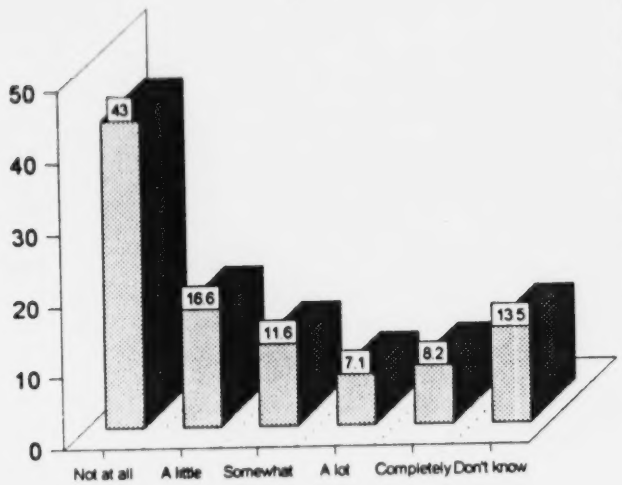
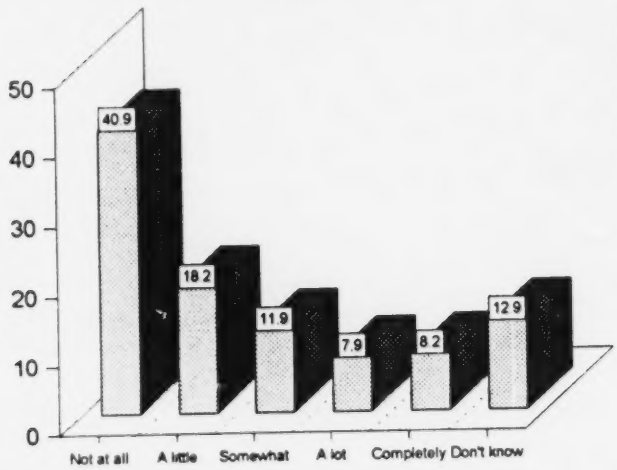


Figure 1 describes student responses to the question, "How much was your decision to use or not use tobacco, alcohol, or other drugs due to the classes and activities in your school?"

Figure 1 shows that 43 percent of students say that they were "not at all" affected by the drug classes and activities in their schools. No other choice to this item received more than a 20 percent response.

Figure 2 describes student responses to the question, "How much was your decision to use or not use tobacco, alcohol, or other drugs due to people (e.g., teachers, counselors, coaches) providing classes and activities?"

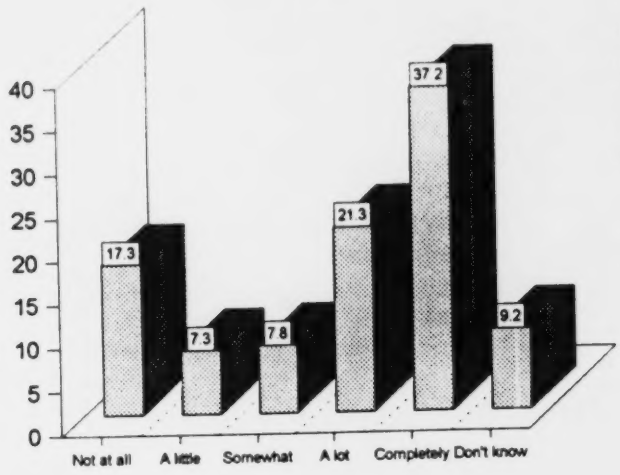
Figure 2



This data virtually repeats the percentages of influence found in Figure 1; 40.9 percent of students report not being affected "at all" by the *people* who deliver DATE services. Again, no other choice to this item received more than a 20 percent response.

Figure 3 describes student responses to the question, "How much was your decision to use or not use tobacco, alcohol, or other drugs due to deciding on your own?"

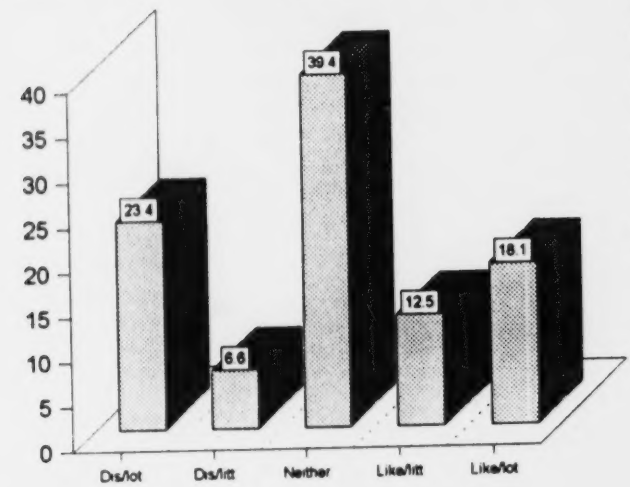
Figure 3



These results show that 58.5 percent of students say that their substance use decisions were either "a lot" or "completely" due to themselves. No other item received more than a 20 percent response.

Figure 4 describes student responses to the question, "How much do you like the people who provide you with tobacco, drugs and/or alcohol classes and activities?"

Figure 4



Notable about these results is that students are split on how much they "like" the people who deliver DATE services. Most students "neither like or dislike" DATE service deliverers. Most interesting though, are the nearly 23.4 percent of students who disliked DATE service deliverers "a lot." No other choice to this item received more than a 20 percent response.

From these items surveying more than 5,000 students, an important social influence pattern is revealed. Figures 1 and 2 shows that more than 40 percent of students say that their substance use decisions were "not at all" due to either the people or the DATE services they received. No other choice to these items received more than a 20 percent student response. This is important because it means that a high percentage of these students do not attribute their decisions to "in school" DATE-related sources. Figure 3 shows that the highest percentages of students responding to this item took responsibility for their substance use decision, saying that their substance use decisions were either "completely," or "a lot" due to deciding on their own.

Completing this pattern is Figure 4, which shows that the highest percentage of students responding to this item, "neither like nor dislike" DATE service deliverers. Surprising about student responses are the 23.4 percent of students in grades 7 through 12 saying they dislike DATE service deliverers "a lot." This is important because research literature shows that neutral and/or negative affect toward someone who is trying to influence another's behavior is likely to lead to a lack of, or short term, compliance (Brown and Raven, 1995; Raven, 1965; 1974; 1983; 1986; 1992; 1994). Overall, while some students may appear to be influenced by DATE services, the most germane pattern of these results show the opposite: that a high percentage of students are not influenced by DATE services, nor service deliverers; have a neutral to negative affect toward such service deliverers; and take responsibility for their substance use decisions.

- What works according to the students?

In this section students describe what they want to see in their drug education programs. Consistent with some earlier results, the types of student statements varied as a function of their age, but not as a function of being designated as "at-risk" or "thriving." Most suggestions, and the most sophisticated descriptions of them, took place at the high school level. The data emerging from this analysis is considered some of the most important in this study. At the high school levels, two focus groups (numbers 530 and 531) provided a particularly useful data set, representative of the entire body of similar findings. Consequently, in addition to presenting the percentage of focus groups making those types of statements, researchers provide high school evidence primarily from focus groups 530 and 531. Primary findings include:

- A desire for more complete drug information, delivered through a different educational process.

- More panels and talks by those who have been through both substance use and substance abuse.

Secondary findings include:

- A minimum number of focus groups wanted more harmful consequences (1/40[.025 percent]) to be taught, and harsher consequences for those who are caught (2/40[.05 percent]) using substances (2/40). Because of their small numbers, they are not further discussed.

- 18 percent of high school focus groups mentioned that they wanted harm reduction programs, smaller groups rather than assemblies, and more counseling.

Immediately emerging at all school levels was the desire for more complete drug information delivered through a different educational process. 10 percent of elementary focus groups wanted these changes:

> *R: [lead] Well like I said, he'll be talking about something and then when you like ask for more information [word said with a questioning voice] he like really doesn't want to come out like and tell us the whole thing. [spoken slowly and thoughtfully]*

I: Can you give me like---can you make up an example? [long pause, lead respondent heard making long "ah" sound] What do you mean he doesn't want to give you more information?

R: [lead] Like he doesn't want to...

R: [second] He doesn't want to tell you everything about it.

R: [lead] Everything like details.

I: Why not?

R: [lead] I guess that's just the way he is. I don't know.

I: How do you guys feel about that?

R: [lead] Depressed. Because if he's about talking to us about drugs and alcohol and all these kind of things he should come out with those, you know, he should talk to us the right---you know, with the whole thing, not just say a little bit and then just leave the rest behind.

R: [second] But another, like he'll only tell you a little and then he'll go to a new thing(#568, pp.8-9).

Here, students describe wanting more than "a little" drug education. These students link a repercussion with school-based drug information. Because this student feels that the DATE service deliverer does not come out with "the whole thing," he says that it makes him feel "...depressed...."

Normally, data found in only 10 percent of focus groups might not be presented. However, we consider statements like this important, because similar statements (e.g., those linking DATE services with issues such as elementary depression, middle school sarcasm, and a high school decrease in educator credibility) were found to increase as school level increased. By constantly comparing elementary with middle and high school group interviews, researchers found that students increasingly linked DATE services with a lack of, or apparently negative affect toward, those services connected with what they want. As school level increased, this pattern increased from 10 percent (elementary school) to 33 percent (middle school) to more than 90 percent at the high school level.

At the middle school level, 33 percent of focus groups wanted more information from those who had either used or abused substances. In the following two passages, students report awareness of substance "abuse;" while often being sarcastic, middle school students wanted more information through a different and more experiential process:

I: ...What do you think that teachers or schools could do to really help kids with this stuff? If it could be really helpful, what...?

R: Um, try it and see if they like it! [being facetious?]

I: Let them try it? I don't think that's gonna happen!

R: And I doubt that they would like it.

I: Yeah? Okay. What else can schools really do?

R: They should like, they should have a lot of things like that.

I: A lot of things like...?

R: Like drugs and stuff. Like regular users and stuff like that. Someone that's had what it can do to your body and stuff like that.

I: Uh huh?

R: Keep you out of class, too!...

R: They should bring like people that have done tobacco and like got messed up with their job or something! Stuff to show 'em that's how you handle it...(#606, pp.20-21).

(2)

I: ...Um, do you think that any of the information that you got at school, at this school, has influenced you either way in your own decision? As you get older and have to make those choices?

R: Not really.

I: You don't think that the class really had much impact?

R: No.

I: No? How about you? Do you think...?

R: Yes. It had an impact.

I: It what?

R: They said it was like bad for you!

R: You just tell 'em that it's bad for you!

I: Oh, bad for you! I'm sorry! I didn't understand...Um, who do you think ought to be teaching you about alcohol and tobacco and other drugs?

R: Somebody who has had a real problem with it.

I: Okay, and does still have a problem?

I: *No! They got over it.*

I: *Somebody got over it?*

R: *Probably someone who still has a drug problem (#551, pp.6-10).*

These data show that sarcasm/anger plays an important role at the middle school level. Similar to the use/abuse distinction, middle school sarcasm was often linked with some statement of DATE services not affecting them (Did it have an impact? R: No.) or sarcastically describing a negative impact ("You just tell 'em that it's bad for you"). Sarcasm is found in each of the previous two passages: "Um, try it and see if they like it!", "Keep you out of class, too!" and "You just tell 'em that it's bad for you." Linked with these types of statements is the desire for more information from someone outside of the school, namely people who are or have been substance users ("regular users") and abusers (somebody who has a "real drug problem"). Rather than receiving "just the facts," students have a desire to understand the experiences of substance users and abusers. While, in isolation, this may indicate elements typically found during adolescence, the fact that students explicitly link sarcasm with aspects of DATE services indicates their current disposition relative to these particular services.

At the high school level, well-articulated statements found in focus group interviews 530 and 531 came to represent the most prevalent changes students want. High school students tend to link what they want with program inefficacy through a lack of DATE service deliverer credibility.

R: *Yeah, but the Health teacher doesn't really know, you know.*

R: *Oh yeah, the Health teacher doesn't know, he's reading from the book.*

R: *Yeah, he's just reading from the book, and if they had brought someone in that knew and that like went through it, I think it would be a lot better.*

R: *It's kind of like everybody knows that drugs and smoking are bad for you so it's not like a teacher can sit there and can pound it into you so you're not going to do it. I remember like in sixth grade our PE teacher would sit there [inaudible] and [inaudible] smoking, they all went along with it or whatever but it's like you are going to do it if you want, you're not going to listen to a teacher or a parent. If my parents sit there and say all the time, stop smoking, stop doing this, don't do anything, don't do any drugs, don't do anything bad when you go out. So they can say as much as they want, your best friend [inaudible], but you're only going to listen to yourself, it's not what they teach you, if you know it's bad.*

I: *Using or not using has something to do with your own decision?*

R: *[Loud responses from many voices] Yes(#531, pp.13-15).*

By saying "the Health teacher doesn't really know" and then saying "...if they had brought someone in that knew and that like went through it I think it would be a lot better" these students link a lack of service efficacy with a lack of credibility and what they would like to see: change in the drug educational process from that of providing what we now know to be as only "no-use", harmful

consequence information to a movement toward an experiential educational format. In the high school data, statements like this were found in 90.91 percent of the focus groups. This desire for more information through a different process constituted the most prevalent student desire for program change.

In two ways, these data are supported by quantitative survey results reported earlier. First, although it represents grades 7-12, and this qualitative data is from high school students (grades 9-12), it supports the results found in Figure 2, in which 40.9 percent of the students said that the individuals delivering DATE services did not affect them "at all." Second, when students take responsibility for drug decisions by saying "...but you're only going to listen to yourself...," these data are linked with Figure 3, in which almost 58.5 percent of students in grades 7 through 12 believed that their substance use decision was either "a lot" or "completely" due to themselves.

At first, the next passage seems to indicate that students want more of what, to some extent, exists in today's drug education: addicts coming in and sharing their harmful consequences experiences. However, when interviewers probed, we found that they wanted more than that:

I: Ok, let's do another question. Who do you think should be teaching you about alcohol, tobacco and drugs?

R: Someone outside the school.

I: For example?

R: I don't know, yourself.

R: No, I think someone who has been through it. [several voices speak at once, sounds as if they are in agreement with this statement]

R: Someone outside the school...

I: Recovering addicts?

R: They know the most because they have been through it. They know how it feels.

R: They only tell you---like their stories are interesting and you want to hear about it. You know when you're sitting in the class and you're reading out of a book, you know, cigarettes cause emphysema, it's like that's great...

R: It's boring.

R: ...Yeah, so it's so boring, just like the other school classes, I mean, but we already know about it and that's not going to help us. We already know about it and it's not going to do anything.

I: So you agree with him that it needs to be an experiential thing...

R: [several voices at once] Yes.

R: If somebody does drugs, and if a teacher says it does this to you, you're not going to stop unless something happens to you or you see something happen to someone else, you know, one of your close friends or something and then you think about it, because when you're doing drugs or drinking or whatever, you don't think anything is going to happen to you, you just think, you know---(#531, pp. 28-29).

Students link a lack of efficacy and credibility ("...but we already know about it and that's not going to help us...it's not going to do anything") with what they want to see, "(1) Someone outside the school...(2) Someone like yourself [the interviewer]...(3) Someone who has been through it..." The interviewer sought to probe exactly who from outside the school students thought should provide drug education:

I#2: Can I back up for a second? It seems like someone said before that the point is that they are trying to scare you into not doing it, right?

R: Yes!

I#2: Ok, now it seems like what you are asking for is someone to come in to scare you more into not doing it.

R: Not scare us more...

R: To interest us.

R: ...yes, we're not interested in like text books, you know, we're interested in someone who really has been through it and to see that is a lot more interesting, it <u>does</u> give you more which will probably make you <u>not</u> do it than just reading out of a text book.

I: So you're not arguing with what they tell you, you're arguing with how it's taught.

R: Yes.

R: Yes (#531, pp. 29-30).

Here, "...we're not interested in like text books, you know, we're interested in someone who really has been through it..." means that students want a change in the basic processes of drug education, from "...someone who has been through it..." During this particular probe, students did not specify who should be delivering these services. However, as indicated by the first portion of the passage, analysis reveals that these students, like a majority of other high school students, wanted both substance users and abusers to deliver such an education. They report wanting a drug education that "interest[s] us [students]." These findings are important because they show how students explain what they want in DATE services by embedding it in negative affect toward either services themselves or services deliverers. The extent of these negative feelings increased as school level increased.

To fully understand the construct of what students really want, it is important to retrospectively understand how high school students report their own development relative to DATE services. This passage, because it summarizes many of the student findings, placing them in a concise developmental and historical perspective, is considered to be one of the most important explanations of DATE Program efficacy. It is presented in its full context:

I: ...You mentioned getting stuff in elementary school and junior high school, have all of you gotten something?

R: [Several voices] Yes.

I: I'm wondering what happens between what you get---we've spoken to elementary school kids and junior high school kids and they all think that what they're getting is hard and what we're trying to figure out is what happens between elementary school and junior high school and then high school.

R: Reality.

R: Yeah. [Yes]

I: [Laugh] What do you mean reality?

R: When you're younger and much more impressionable you look up to your teachers, you take everything that they say, so you respect everything they say, you don't want to disappoint your teachers; your parents have certain expectations of you, the pressure is not on to do all that stuff when you're in elementary...

R: Actually the pressure is---it's just the opposite. I remember being invited to a party when I was in sixth grade and some guy lit up a cigarette and my boy friend threw him into the pool and everybody was like beating him up because he did that and now it's like--- [Laugh]

I: So what switched?

R: Well, what happened is that we, first of all, were influenced by other things when we were younger like we looked up to our super heros and our cartoon characters and the Sesame Street people and by the time you get to middle school you don't want to be like elementary school kids any more, you want to be like the high school kids, so you find out what they do at their parties and what your older brothers and sisters are doing. You also have more of your own mind, the teachers don't think you're as impressionable as you were when you were younger, they're not going to preach to you, so they're just going to tell you what is in the curriculum because really what they tell you is not going to really make an impact. I think what it would be neat to do is bring in recovering substance abusers who abused as teenagers and have them tell the class this is what happened to my life when I was an abuser and show them how it destroyed their life and that way teenagers can relate. When you're talking to somebody twenty years older than you who is going to preach to you Just Say No that kind of thing does not really get home, it doesn't

last, you need something that is really, I don't know, kind of like our AIDS program.

R: [Several voices] Yeah. [Yes]

R: I also wanted to say that what I think that part of the problem seems to be is that any subject the teachers or anybody is really uncomfortable talking about it seems to all get pushed to the side and I think that more with drug and alcohol abuse, I think that it is something that people are very uncomfortable talking about.

I: You mean adults?

R: Yes, adults. I think that, especially, I guess, when you're in high school or junior high, also, when somebody says to you don't do this, because it's bad, you know, the automatic reaction of a teenager growing up is to say why is it bad? Everybody is curious about what this does, the way they're curious about anything and I think that by just saying that it's bad and just putting things in the curriculum is doing that without saying this is why, this is what can happen, and showing what can happen to you and presenting both sides realistically and when you don't do that then people don't know what the consequences are and are more apt to stray...

I: What's both sides? Sorry.

R: I think at the same time as presenting everything that is bad, you can't just preach one side, you have to somehow, I mean, you can't ignore that sometimes it feels good to be drunk and that sometimes it feels good to---you might want to smoke a joint, you might want to escape, I mean...

I: Yes, but then they say well that's promoting you guys using substances.

R: No, it is just admitting the fact that...

R: That temptation is there. I mean, just because you're saying, just like when we're talking about AIDS, just because we're saying if you're going to have sex use condoms does not mean I'm going to have sex now because you told me about that. It just means that if it happens I know what's out there because the more you know, the more you're prepared. Nobody ever said anything like that to me and I think when you get into high school it is just such a different world than junior high you want to fit in and explore everything so much and when you find out these things a lot of the old barriers come crashing down that you've had when you were in junior high.

R: I think the problem with education is---this kind of education is that you're constantly being shoved down your throat it's so wrong, if you do it you're a terrible, evil person, instead of just educating saying I know some of you people do it, why do you do it, let's try to help you so you don't do it any more. If it is shoved into you that you're a terrible person when you do this, you know, you kind of want to back away from the education process because they've already made a judgment upon you, you're a terrible person if you smoke marijuana, if you do alcohol, if you smoke

cigarettes, you're a terrible person, instead of approaching it as, OK, you guys do it, let's help you now.

I: So then the goal should be to get people into not doing it.

R: No I'm not saying that, I'm saying the goal should be to evaluate yourself and figure out why you do it, evaluate your own personal habits and your personal values and morals.

R: I don't think it is realistic to assume that anyone is not going to try some things in their life, I mean, it's ridiculous that presidents---I think that is a part of growing up...

I: Finish that thought.

R: I think it's ridiculous that presidents get judged on their---if Bill Clinton inhaled or not, I think that's stupid. Everybody---we've talked about this in psychology, when you grow up you go through different experiences and you need to make mistakes and you make some things that aren't mistakes and that's how you learn and you don't want anyone to learn the very hard way by making huge mistakes, but it's OK if people make little mistakes and you can forgive them for those, you can forgive them for the big mistakes too, you know. I think it's very tough on a lot of kids thinking, OK, this is the way my parents want me to grow up, I'm supposed to do these kind of grades when I'm in junior high, have these friends and in high school I should be like this or whatever, and where is the room for experimenting so that you can expand your mind? I think if you educated students well enough they wouldn't feel the need to make as many mistakes to find these things out, because if you educated them well enough they wouldn't need to make the mistakes to learn what they need to learn.

I: Is there anything that the school could do to help that process of exploration? What can the school do or is it the responsibility of the school?

R: Be open...

R: They can talk honestly (#530, pp. 17-21).

This evidence shows a sophisticated student thought process about drug issues representative of most focus group interviews. These findings suggest that students are aware of process- related drug educational issues (e.g., teachers that are uncomfortable delivering drug education; they do not describe "both sides" of an issue/dishonesty). In fact, 27 percent of high school focus groups explicitly state they want to see "both sides" of drug issues. Another 27 percent implicitly make this type of statement.

In many situations, students did what was not often done by school district personnel. By talking about the evolution of their own development relative to drug education from elementary to high school, they place drug education in a developmental context. For them, some "facts" were not absorbable at the elementary school level, however, some were more absorbable later on. This

data reveals evidence that, by high school, students know that they have taken in the facts of drug education. As previously shown, such facts usually focus on the harmful consequences of substance use. However, 36 percent of high school focus groups stated that they wanted more of a continuing drug education:

> *I: Is there anything that you guys want to say that we haven't asked you? Anything that you want other---you know?*
>
> *R: I think drug education should start younger than in the ninth grade.*
>
> *I: The education did start younger, it started in elementary school.*
>
> *R: I mean, [several voices speaking, inaudible]*
>
> *R: Not with the policeman coming in and telling you don't do drugs.*
>
> *I: You don't like having the...*
>
> *R: ...start talking about the kinds of drugs and about the fact that it's going younger and younger.*
>
> *R: They do that in fourth grade. I remember sitting there and a policeman talking about PCP and nobody knew what type. I mean, I remember sitting there not knowing anything that was going on, just sitting there, going like oh, what are these drugs. I don't know anything about them.*
>
> *R: I don't think kids at that age really need to know so much...*
>
> *R: I don't mean in elementary school, I mean in the junior high level when you're really curious and you're hearing all about it and you don't know anything except that the policeman came and talked to you two years ago.*
>
> *R: When you're older it should continue (#531, p.30-31).*

Almost all high school focus groups want a change in the processes of drug education. For them, a change in educational process means a closer connection with some experiential/affective issues of substances. This was made explicit in the following passage:

> *R: He talked with technical things, like stats and statistics, he never talked about the emotional side of it, drug abuse or anything like that which I thought should have been addressed. I mean, because as teenagers we want---instead of knowing what heroin is made up of, I want to know why people need to use it, why they get dependent on it, is it addictive, that kind of thing, you know. The emotional side of it I think is really important...(#530, p.11).*

The changes in processes students wanted are best summarized by the following statement by this high school student:

> *R: I just want to say that I guess the best education would be the education that would allow you to evaluate yourself, and allow you to evaluate your own personal beliefs and your morals and your values and take a strong look at what you're feeling, and how you might have the possibility to be a substance abuser (#530, p. 31).*

Three additional findings are mentioned. 18 percent of high school focus groups mentioned that they wanted more harm reduction programs (556, 544), smaller groups rather than assemblies (545, 610), and more counseling (531, 544).

In summary, students primarily expressed the desire for more content of drug information, including both sides of an issue, delivered through an educational process that includes experiential panels and talks by those who have been through both substance use and substance abuse.

IV. Discussion, Implications, and Recommendations

Limitations and Generalizability

Because the 1992 data came from a random sample of key informants from the State of California, researchers can extrapolate these results to all California school districts. For example, among school district personnel, the risk orientation is prevalent in the State of California. The 1993 findings must be examined with discretion; however, the districts were purposely-reselected from a previously selected random sample, schools were randomly selected and students were purposely selected. Minimally, these results can be generalized to students in the state considered to be "at-risk for substance abuse," and "thriving" students. Because there was a triangulation of the data (qualitative: between school district personnel and students; qualitative and quantitative: students' interviews and student survey results), one might assert that these findings could be generalized to California's students on the whole.

Summary of results

1. Researchers have shown that, from the formative policy language, a majority of school district personnel use the "risk orientation" as a guide for their DATE services. The risk orientation includes four factors: the perception that a majority of students are "at-risk" for substance abuse (equated with use); the equation of "at-risk" with "high-risk;" a mission to identify and serve these students; and the notable absence of discussion of protective factors.

2. "No-use" policies and DATE services were implemented. Many specialists deliver DATE services. The most frequently reported services are DARE, Red Ribbon Weeks, assemblies, Health/Science courses, and counseling. DARE and anti-drug assemblies are most frequently reported at the elementary school level. Most Red Ribbon weeks and counseling are reported at the high school level. Health courses are most frequently reported in middle and high schools. In confirming percentages of implementation reports, these findings corroborate quantitative implementation findings (Romero, et al., 1993).

3. Results show no pattern of evidence supporting specialized services for at-risk youth. They are identified, but do not report receiving targeted prevention services that are any different from those received by "thriving" students. The fact that, despite probing, "at-risk" students did not generally discuss participating in counseling (including peer counseling) suggests that such services are not widely available.

4. In contrast with the clear message from school district personnel that substance use equals abuse, students distinguish between substance use and abuse. Possibly because of the disparity between the experiences students describe and the drug education services they receive, as school level increases, perceived credibility of service deliverers decreases.

5. Both adults and students questioned the value of policies which purge those most in need of help from the educational system.

6. Quantitative student survey results show that a high percentage of students are not influenced by DATE services, or service deliverers, have a neutral-to-negative affect toward such service deliverers, and take responsibility for their substance use decisions.

7. Students expressed a desire for more complete drug information, delivered through a different educational process, including frank and confidential discussion. This includes panels and talks by those who have been through both substance use and substance abuse.

Discussion

No single finding adequately paints the picture of the effects of DATE upon students. However, each successive piece of evidence builds a compelling picture. With high levels of reported implementation, both the qualitative and quantitative results support a general lack of DATE Program efficacy. This is most evident during the period in which adolescents are most likely to be making substance use decisions, at the middle and high school levels. For many students, there appears a negative affect toward school district personnel and the DATE services they deliver. There exists a significant mismatch in the difference between how many school district personnel deliver programs, and how students want them to be delivered.

There is a possible alternative interpretation for these results. The results do show that a small percentage of students have been positively influenced by the DATE Program. Some students do feel that these services are worthwhile, describing that the adults around them do care. However, this information is so limited in scope that it could not be considered representative of the entire data set. Furthermore, researchers note that those students who are most likely to be positively affected by DATE also already describe themselves as active participants in the school community (i.e., those who would be most likely to be positively affected in the first place). Consequently, while this alternative interpretation is important, it does not address the issues of many or possibly most other students, who may not be active in the school community, or are on the periphery of the school community (at-risk students).

When considering the student perspective as a set, it is difficult to escape the conclusion that the school districts' use of the risk-based model of substance use and abuse does not help many

students. Evidence suggests that the programs cause a significant degree of psychological dissonance, increasing by grade level. Most critical to the efficacy of the risk factor model is the exclusion of those perceived by both students and district personnel as needing help.

Relative to prevention science literature, school district personnel were well informed in citing risk factors; that is, in selecting "at-risk" students, they used risk characteristics based in prevention science. However, what they demonstrated in practice was that, by using such wide ranging characteristics, they were able to place "a majority" of students in this category. As we have seen, this has serious implications, best described by Baizerman and Compton (1992). When discussing the resultant processes of identification of "at-risk" youth, they state:

> In many schools, this process results in the majority of students being identified as at-risk. This is hardly surprising, since the educational use of the term "at-risk" does not meet the test of the public health definition---that is, it is not known whether the characteristics used for identification actually predict which students are most likely to drop out of school...Whole schools and even districts are not thought of as being at-risk; the problem and its sources are the students (pp. 8-9).

Our evidence supports Baizerman and Comptons' research and takes it a step further. Students at all grades are sensitive to the practices of school authorities. According to them, school drug policies are used more as a tool for "getting rid of the bad kids" than really providing help to potential substance abusers. By middle school, these students report that courses teaching "harmful consequences" and "use equals abuse" combined with exclusionary practices (detention, suspension, expulsion) appear to have three effects. DATE programs:

1. Result in developmentally inappropriate programs, which in turn, result in increasing sources of unnecessary dissonance for many students.
2. Undermine the school personnel's credibility by giving students only one perspective, which students perceive as biased.
3. Help create policies that exclude those whom students themselves recognize as most in need of help; they drive those, who already might be on the margins of the school system further out.

These findings must be further explored in larger studies with more student interviews. Nevertheless, researchers found that students, especially adolescents, used behaviors to define substance use as experimental or abusive and took responsibility for their substance use decisions (found in qualitative and quantitative results). Regarding the latter, taking responsibility for their decisions, one could argue that study results may be due to adolescents overestimating their own decision-making power; simultaneously, students may have underestimated the possible influences of DATE services and/or service deliverers. However, the research of Quandrel et al., (1993) shows that adolescents are, in fact, reasonably able to evaluate risks associated with their own lives, making decisions accordingly. In this case, evaluating the risk of substance "use" or "abuse" includes the extent to which DATE services and service deliverers provide information that influences their substance use decisions. Given that some of the strongest evidence in this study confirms other well-conducted research, it helps validate the sophistication and accuracy of students' attributions regarding how they make decisions about substance use, and the extent to which they are influenced by service deliverers.

Regarding the former, (distinguishing between substance use and abuse), compared with experimentation, we found that even the youngest students recognize a substance abuse problem. At the same time, of experimental use, Newcomb and Bentler found that:

> In fact, experimental use of various types of drugs, both licit and illicit, may be considered a normative behavior among contemporary U.S. teenagers (1988, p.214).

Commensurate with this research, the results of the present study show that, while the policies and messages of "no-use" may be highly visible and publicly reassuring, even the youngest students are telling us that if we do not acknowledge societal norms and rites of adolescent passage, such policies and programs may be ineffective. These ideas become especially salient when looking at protective factor research that shows bonding to any significant adult can help even the most "at-risk" students become positive decision-makers (Werner, 1986). These precepts were absent in the service deliverer data, but present in student data:

> *R: They have like this guy, he had been through a lot and he came to the school. He talked to everybody like they were his family or something! And a lot of people responded to that. And they went up and talked to him after or talked to him on the phone; they talked to him.*
>
> *I: He really touched students?*
>
> *R: Yeah! [in unison] And some students dig that and some students believe that the guy was just conning, just not serious. But, he seemed normal.*
>
> *I: What do you guys think? What could the school do to help kids?*
>
> *R: Yeah. I think that the teachers that have no, teachers that are young, there's this one English teacher and he's young, and I think kids look up to him, kinda. So, I think he's an influence in that. So maybe the kids talk to him more...*
>
> *I: They trust him more?*
>
> *R: Yeah. Cause he's funny and not like, do this and do this! The kids like him and they look up to him (#545, pp. 17-18).*

In the current school-based drug education process, schools may be seen as a vehicle to change widespread social norms, overlooking the effects of popular culture, family experience, and cultural differences.

To understand these results, they must be placed in a social and historical context. For example, in the 1970's and early 80's there were attempts to understand and educate students on the differences between substance use and abuse (NIDA, 1981). Adolescent substance experimentation, while not promoted, was seen somewhat as a dialectic of growth (Jessor and Jessor, 1977). However, in the middle 1980's, researchers and policy-makers alike shifted their perception of adolescents (Brown and Horowitz, 1993). The new view of adolescents became one of deviants in need of help. This was depicted through evidence from correlational research built on the relationship between any substance use and delinquency (Hawkins et al., 1987). This

research would come to provide the undergirding for our national drug control strategy that stated:

> School-based prevention programs should be reinforced by tough, but fair policies on use, possession, and distribution of drugs...We cannot teach them that drugs are wrong and harmful if we fail to follow up our teaching with real consequences for those who use them...Policies like these have been criticized for addition to the dropout problem. But experience shows that firm policies fairly enforced actually reduce the numbers of students who must be expelled for drug violations; most students choose to alter their behavior rather than risk expulsion (The White House, 1989, p.50-51).

Unfortunately, these policies were based on incorrect premises. In fact, the National High School Survey results reveal that student-reported alcohol and tobacco use has remained stable over the last few years at around 87 percent (alcohol use) and 61 percent (tobacco), with marijuana use rising to over 35 percent (Johnston et al.,1993). There is no evidence that "most students choose to alter their behavior rather than risk expulsion." This is particularly true for "at-risk" students, many of whom report being alienated from the school community. This evidence suggests that DATE promoted a "get tough" view of dealing with students supported by a prevention science that illuminated a deviant view of them. The "get tough" view was to detain, suspend, or expel those demonstrating substance using behaviors. All students, including those "at-risk for substance abuse," receive only a "no-use" message, which appears to result in decreased perception of service deliverers' credibility. From this, an interesting paradox arises. DATE provided monies to help students in need, but they describe being excluded; many of those not excluded describe looking elsewhere for credible drug information.

Over the last 20 years, there has been no consistent evidence that programs, such as those discussed, prevent either substance use or substance abuse (Klitzner, 1987; Moscowitz, 1989). However, because of the approach toward adolescents, this study shows what has been previously postulated: that such programs can do harm to adolescents (Baizerman and Compton 1992). Based on new funding, DATE Programs were expected to be part of a new breed of drug education. Instead, the focus of most of these programs-to teach the harmful consequences of substance use-is more than twenty years old (Brown and Horowitz, 1993). DATE service coverage is staged in two ways: #(1) augmenting existing programs by #(2) bringing in specialists who promote a "no-use" message. At the same time, during this period of educational cutbacks, drug dollars are desirable. Consequently, older mass application services, often involving specialists, are delivered. Researchers posit that such services are favored because they are efficient; they are well practiced by specialists, and can be delivered through one-time or relatively limited programming. However, such services often occur at the expense of the counseling support needed by our most troubled students. In light of increasing evidence that current policy and program directions are ineffective, it is time to reexamine certain drug educational and policy directions.

If we are really going to positively affect our adolescents, then substance use education policies and programs must be shaped in accordance with students' levels of sophistication. This is not to argue for promoting substance use. Rather, it is to argue for the end of labeling, for being "at-risk for substance abuse" which, as we have seen, has detrimental effects. This evidence suggests that performing more of the same, (e.g., harmful consequence educational "booster" sessions, and harsher drug policies) will not work. In fact, from a social psychological perspective, the mere necessity of booster sessions (i.e. ongoing attempts at influencing students

toward abstention), may tacitly indicate service inefficacy. If influence is internalized by students (i.e. if they decide not to use substances as result of prevention programming), then evidence suggests they need not be continually reinforced (Raven, 1965, 1992).

Based on this study's findings and available research we make the following recommendations:

1. Provide a developmentally appropriate set of prevention programs at all grade levels.

2. Discontinue primarily harmful consequences educational services.

Even though many students can display the rote knowledge that any substance use is unhealthy, at the same time, during early grades, students show little or no evidence of understanding harmful consequences information. Elementary- level students showed, and high school students retrospectively stated, that when they were in elementary school, they did not understand the meaning of, for example, the harmful consequences that the DARE officer spoke of. Although young children's perceptions are sophisticated, they must be more linked with experiences; namely, seeing adults using substances reasonably, as well as hearing about or seeing adults with substance abuse problems. If not, as we saw, it is during this period that an initial credibility gap becomes evident. At the same time, evidence clearly shows that by middle and high schools, programs like DARE, Red Ribbon Weeks, and Health/Science courses containing the primarily harmful consequences of use are far too simplistic for sophisticated student perceptions. These students demonstrated a significant ability to portray many sides of drug issues based on types, levels, and social contexts under which substances are used.

3. Without condoning substance use, shift to a harm reduction approach similar to that used when delivering AIDS Education.

Students' awareness of making decisions about the use of substances was presented in their "responses to the instructional strategies" section. Evidence from school district personnel and students at each school level showed that students believed they were being presented with only one correct decision: a decision not to use substances. While legally this is correct (e.g., it is illegal for minors to use substances), programmatically, students describe this approach as a cornerstone of failure. Regarding AIDS, educators have been able to increase programmatic success because they did not promote sexuality, but recognized with students that sexuality occurs, and shifted toward reducing the potentially deadly consequences resulting from sexual practices (e.g., from having unprotected sex).

A majority of negative consequences from substance use results from acts related to substance use, (e.g., drinking and then driving). Without in any way sanctioning substance use, it is prudent to shift toward a harm-reduction approach; meant to deal realistically and credibly with specific issues associated with substance use. This shift is the only remaining educational alternative with substantial research support (Newcomb and Bentler 1988; Shedler and Block, 1990; Brown and Horowitz, 1993). Such an approach would include six items, enumerated by O'Hare et al., (1988 and 1992):

1. Provide young people with factual information about drugs.
2. Help them to examine their own attitudes about drugs and drug users.
3. Help them to understand people who experience drug problems and foster a caring

attitude.

4. Help them to avoid the harmful consequences of drug use by explaining secondary prevention strategies.
5. Raise awareness of the legal, health, and social implications of their own drug use.
6. Help them to understand the role of drug use in past and present societies and cultures.

4. Recruit outside drug educators to provide confidential educational services.

Evident throughout the student data is desire of the students' to speak openly and confidentially with specialists. While specialists with an official capacity, such as DARE officers, were brought in by middle and high schools, they were often ridiculed. Most often, students wanted to discuss their drug experiences with knowledgeable individuals with whom they could be candid. This evidence suggests it would be fruitful to recruit outside professionals competent to answer student questions about substances in an interactive and confidential teaching situation.

5. If "at" and "high" risk youth cannot be fully assisted, discontinue use of the model.

Findings revealed that a substantial portion of the DATE Program was targeted toward "at-risk" risk youth. At the same time, students thus designated have reported receiving services that were no different from those received by other students. Some may argue that the risk factor model was never fully implemented as intended and that, therefore, DATE is not a valid test of the model. We disagree. Given the policy transfer of the model from state to school, and the use of risk factors to identify students "at risk for substance abuse," DATE stands as one of the largest scale attempts to implement this model. It has failed for two reasons: First, in California schools, the risk factor model is misused as an individual diagnostic tool. Before researchers ever asked principals to identify individual "at-risk" students, 1992 results showed that school district personnel used risk factors to identify students who were "at risk for substance abuse." Prevention science risk factors may be related to populations of students (Coie et al., 1993; Hawkins et al., 1992), but there is little evidence that they predict substance "abuse" in individual students (Brown and Horowitz, 1993; Fine, 1993). Moreover, protective factor research shows that most "at risk" adolescents do not go on to become substance "abusers" (Werner, 1986). Second, the model is inherently difficult to implement. Our evidence suggests that, while the practice to identify such students occurred, it seemed beyond the resources of many schools to provide individualized services. If assistance for those designated as "at" or "high" risk is not forthcoming, then the process of identification in and of itself, has negative repercussions (Richardson, 1990; Rossi, 1994). This is because students are identified, but the resources do not appear to be available for them to be served. As a consequence, the use of this model should be discontinued.

6. Do not purge students in need of help from the educational system.

7. Bolster counseling services

Although school district personnel believe that "no use" policies must be strictly enforced, they appear to be a key aspect of students' understanding of drug education. Students often tied the detention, suspension, and expulsion of their peers to a general lack of DATE service efficacy. To positively affect students of all kinds, many school district personnel and students argue for helping those that truly need help. Either exclusionary policies should be replaced with policies that support adolescents who truly have abuse problems through the availability of confidential

counseling, or personnel should refrain from using the threat of detention, suspension, and expulsion as a substance use deterrent. Aside from traditional one-on-one student counseling, here, counseling is seen as including support groups led by professional counselors, and student assistance programming. This argument can best be heard in the voice of a school district respondent:

> *R: We still get rid of too many kids...those are the kids that the State of California and the United States of America have identified as their target population...the kids that are at risk the most are the kids that are exited from the system, and they do not have access to the resources...The kids that we need to keep in and provide resources to are the kids that we exit from the system (#558, p.18).*

Epilogue

We recognize that the findings from this study may cause significant concern to interested parties. However, the methods, findings, discussion, and recommendations represent a valid and reliable consensus of meaning from the social world of school district personnel and students. This evidence, combined with well-founded educational, social welfare, public health, and social-psychological evidence, places recommendations on firm ground. Given current results, research literature, and historical context, the changes requested by students must be construed as the only remaining, legitimate way to improve school-based drug education. In the course of understanding the educational development and implementation practices of school district personnel, students exposed three myths that need to be dispelled:

1. Adolescents are naive: On the contrary, they are sophisticated individuals capable of making sophisticated decisions (Jessor and Jessor, 1977; Newcomb and Bentler, 1988; McIntyre et al., 1989; Moore and Saunders, 1991; Quandrel et al.,1993).

2. Any adolescent substance use is deviant: Putting legalities and politics aside, because they may experiment with substances, adolescents are not inherently deviant (Jessor and Jessor, 1977; Newcomb and Bentler, 1988; Shedler and Block, 1990).

3. Most adolescents go on to become substance "abusers:" In fact, up to 70 percent of students in the highest risk conditions do not go on to become substance abusers (Werner, 1986; Brown and Horowitz, 1993). Additionally, like many adults, there are many "thriving" adolescents who drink and may use substances, and are contributing members to their school communities.

Again, we are not condoning adolescent substance use; nevertheless, adolescent substance using behaviors exist. In conclusion, the alternative--judging student behaviors based on these myths--has been tried, and schools have paid a high price. This research necessitates a well-founded shift in both the fundamental assumptions and the processes found in California's school-based drug education.

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Appendix 1: 1992 Interview Questions

General Questions

1. Compared with today, what was the DATE Program like at the beginning?

2. How are DATE activities planned?

3. What is the mission of the DATE Program? Who would you say shares that mission with you?

4. In attempting to achieve the DATE Programs' mission, what represents a high level of quality?

5. What are the DATE activities at the selected school sites?

6. How do you decide whether these DATE activities are having a positive effect on students?

7. Relative to DATE activities, when there is a conflict between the district and the school, how is this conflict resolved?

8. For staff involved in funding: When you are deciding where to put monies, how do you decide what the priorities are? For staff not involved in funding: Do you feel that monies for the DATE Program are going into the right activities?

9. For people in supervisory positions: Suppose your employees are reluctant to implement a DATE Program or activity you asked them to implement. How might you get them to comply with your request? Suppose they still do not follow your recommendations. What might you do then?

For people in subordinate positions:
When your DATE supervisors ask you to "go along with the program," why do you do so? (If they say they do not, ask why not.)

10. How has the community influenced DATE activities?

Personnel Questions

11. Who do you work with most often and most closely? When you are working with these people, what are some of the things that you do?

12. Over the last three years, how many DATE-related personnel changes do you feel have been made? (Here, DATE personnel includes personnel potentially having anything to do with DATE.)

Implementation Questions

13. When students experience DATE-related curriculum, what are they likely to be doing and experiencing?

14. What do you feel are the differences between what the district wants done, what the schools implement, and what the students experience?

Final Question

15. In your mind, what is the difference between what DATE activities should be implemented, as compared to what actually is implemented?

Appendix 2: 1993 Interview Questions

QUESTIONS FOR OLDER STUDENTS

Ask as first question for all participants, except younger students.

What, in your mind(s) is (are) substance abusers?
What, in your mind(s) is (are) an at risk student(s)?

1. What classes and/or programs have you participated in that discussed alcohol, tobacco and/or other drugs?

Probe for Counseling

2. What else would you like to see in the way of alcohol, tobacco and drug classes and/or programs?

3. How many of your friends do you think have an alcohol, tobacco and/or drug problem and, if they do, how do you decide they have a problem?

4. In your opinion, what is most likely to happen to a student who is caught using alcohol, tobacco or drugs?

5. Why in your opinion do you think another student would use alcohol?
" " tobacco
" " other drugs?

6. Generally, how do you feel about the people who have either taught you or tried to help you regarding alcohol, tobacco or drug issues?

QUESTIONS FOR YOUNGER STUDENTS

1. Can you tell us about the different times you learned about drugs?

2. How do you feel about the people who have talked to you about drugs, alcohol and tobacco?
[probe: who would you like to have come talk with you?]

3. What would you do if somebody that you really cared about told you that drugs were OK?

4. How many of your friends do you think have tried alcohol, smoke cigarettes or take drugs?

5. A lot of kids are curious and want to try stuff a lot. What would you do if one of your friends offered you a cigarette?

6. Do you know of any of your friends who use that stuff? (cigarettes, alcohol, tobacco).

7. If somebody is caught at school smoking a cigarette, what happens to them?

8. Do you think it is important to tell someone if somebody smokes or takes drugs?

9. Why do you think kids smoke? Why do you think kids take drugs? Why do you think people drink alcohol?

Note: Question #1 for younger students should really be asked in place of question #1 for older students too.

Appendix 3: An Alternative View to the Risk Orientation

In accordance with the alternative to the risk orientation, the view of student substance depends on the culture of the student, the substance used, and the social context of use. When asked about the programs in their school district, this respondent says:

> *R: I really think it's essential that, in this particular area, especially with drug, alcohol, and so forth, we want to make sure that whatever we are going to say to your youngsters, with regards to that curriculum, that it doesn't violate any cultural norm that's out there, that we may be aware of. There may be a set of norms operating out there that a - I have to back up a little bit. I'm just going to generalize for a second. As a WASP teacher, working in a non-WASP environment, I may not be conscious of the fact that whatever I'm saying may be contrary to an ethnic or cultural norm out there. For instance, in some households it's perfectly acceptable for a young person to have a half a tumbler or a couple of ounces of wine with their dinner. It could be diluted and so forth, should we say that is bad, as a classroom teacher?*
>
> *I: That is a very interesting question. How would you answer that?*
>
> *R: I did work in that kind of an environment and who am I to argue with a first generation Italian family or French family or any family, for that matter, that says wine to a hard daily diet is like milk to most Americans. So, I would say, we necessarily have to take that into account. We shouldn't say that is evil and don't do it. I think the institution has to be flexible enough to say to students, this is what happened in terms of prolonged use of alcohol, especially when it's abusing that particular substance. However, we do understand that if I was teaching in Marseilles or if I was teaching in Milan, that as a French teacher or as an Italian teacher, I wouldn't make a big deal out of it because I know and it's perfectly acceptable for young people, age 10 or 11, to have a couple of ounces of wine with their dinner. It's a cultural norm (#298, pp. 12-13).*

Notably absent from this passage is discussion of "at-risk" students. Furthermore, the respondent goes to great lengths to describe a "cultural norm" in which he questions, "Who am I to argue with a first generation Italian family or French family or any family,for that matter, that says wine to a hard daily diet is like milk to most Americans?" From this perspective, the DATE Program should take into account the multicultural environment of the student and the conditions of substance use. This approach is not described in the DATE application.

Notably absent from this data are the three elements that constitute the risk orientation: First, respondents providing this alternative context for the delivery of DATE show an absence of verbal statements characteristic of the most commonly held view of risk. Second, there is an absence both of the association of a majority of students with risk and the equation of substance use with substance abuse. Finally, there is an absence of the desire to identify those at risk.